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ABSTRACT

This curriculum, directed primarily to students in grades nine and ten, is a 5-week sexuality education program designed to promote sexual abstinence as the best decision young people can make for themselves. The guide is divided into four general areas of emphasis. Section one, "Knowing Myself," helps students feel good about who they are as individuals and deals with decision making, the establishment of values, and self-esteem. The lessons in section two, "Understanding Sexuality," address gender roles (sexual identity), male and female reproductive anatomy and physiology (including conception), sexually transmitted disease, and teen parenting. The third section, "Relating to Others," is devoted to helping students understand the impact of both verbal and nonverbal messages and develop the skill of assertive and constructive communication. This section contains three units on communication skills, relationships, and sexual decision making. The final section, "Planning My Future," is designed to help students discover a sense of connection between their decisions and behavior and life outcomes. It contains two units on goal setting and life planning. Teaching tips, suggestions for answering student questions, and a family handout consisting of a permission letter, guidelines for talking to preteens about sex and sexuality, and suggested reading material for parents and guardians are provided. Transparency masters, student handouts and a glossary are included. (LL)

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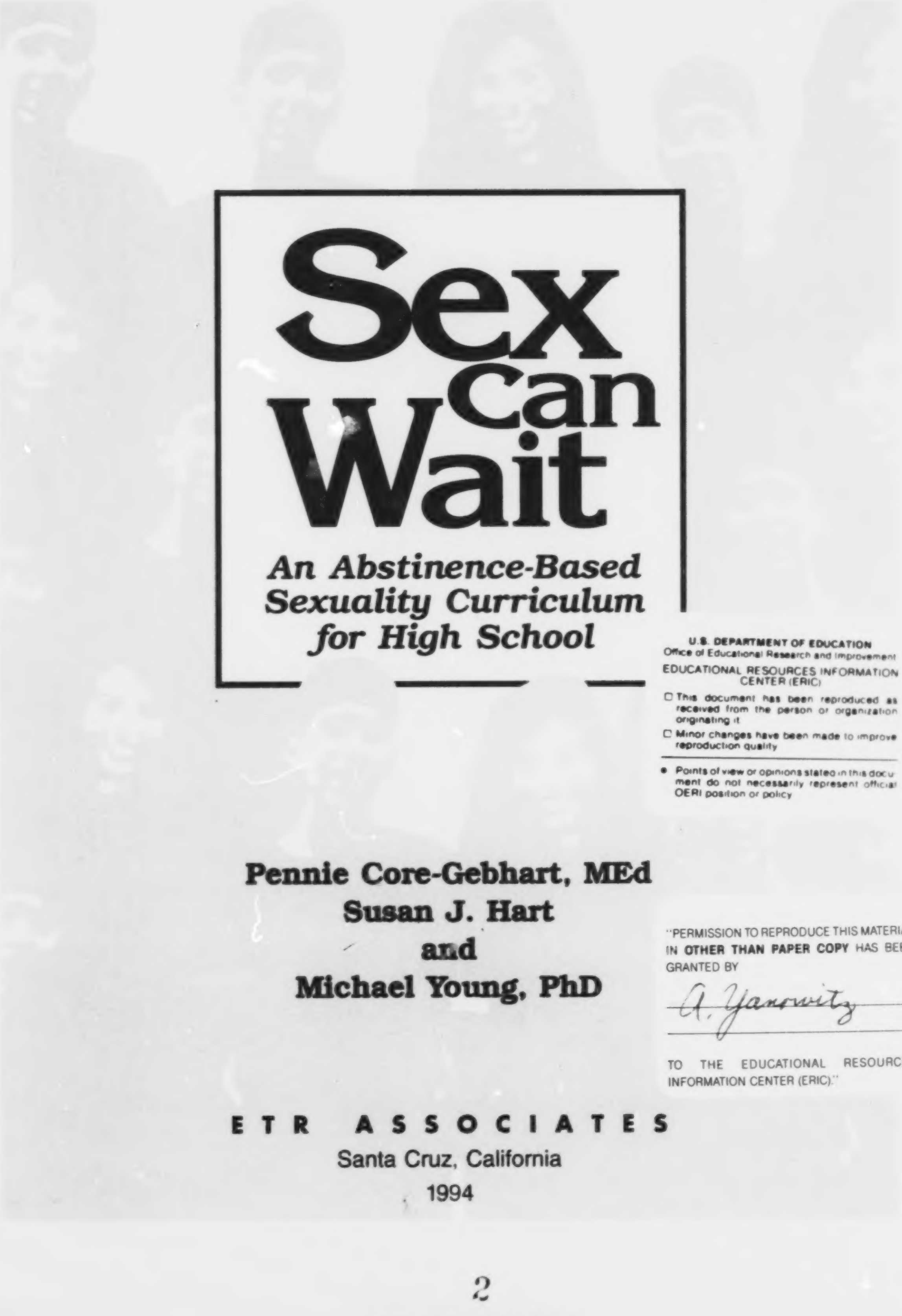

Sex can Wait

An Abstinence-Based Sexuality Curriculum for High School

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This curriculum was originally published under the title *Living Smart: Understanding Sexuality into Adulthood.* It was developed by staff from the Arkansas Family Life Education Project (AFLEP), a part of the Program in Health Sciences at the University of Arkansas. The AFLEP was founded in 1982 to provide assistance to schools and communities in initiating or upgrading programs of family life/sexuality education. Project staff have conducted and published research related to sexuality and sexuality education and have provided schools and other project participants with direct education, training, curriculum materials and ongoing consultation.

Funding for the development of this curriculum was provided by the Office of Adolescent Pregnancy Programs and the U.S. Department of Health and Human Services under Title XX as a prevention service grant. Title XX grant monies are to be utilized to develop programs that encourage the postponement of early sexual involvement by promoting abstinence as the most appropriate sexual option for adolescents. This curriculum meets Title XX guidelines.

In many states, health education is a required course in the public schools. Family life education is an important unit in that course. The development of a curriculum to be utilized in the schools needs input from those who are directly associated with the teaching/learning process. Those who have provided this input include our writing-team members: Emogene Fox, University of Central Arkansas; Elaine Jones, Lincoln Public School; Pam Jones, Clarksville Public School; Pearlie Newton, Bearden Public School; Drew Smith, McGehee Public School; Marianne Wilson, Pulaski County Special School District; and Hess Hestor, First Baptist Church of Smackover. Valuable review and comment on the curriculum came from school board and advisory committee members from each of the schools initially field-testing the curriculum: Bearden, Clarksville, Dardanelle, Gentry, Lincoln, Pine Bluffs, Stamps and Texarkana. Special thanks is also extended to Gary Parrish of the Arkansas State Department of Education.

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Introduction

This curriculum is a five-week sexuality education program designed to promote sexual abstinence as the best decision young people can make for themselves. Human sexuality encompasses all aspects of the self—biological, psychological, sociocultural and ethical. Sexual feelings and thoughts are a normal part of human experience. Young people need to learn about sexuality in a positive way and acquire the skills necessary for emotional growth and maturation before making a commitment to a sexually involved relationship. A sexually abstinent lifestyle during adolescence gives students more personal freedom and time to define who they are and who they want to become.

The activities in this abstinence-based program are designed to teach young people life skills that can help them to act in their own best interests in all areas of their lives. These skills involve respect for self and others, making wise decisions, communicating clearly and effectively and considering how present behavior can influence future goals and plans. This module is directed primarily to students in grades nine and ten; it can be used independently or in conjunction with the other two modules in the program, one for students in grades five and six and the other for those in grades seven and eight.

The curriculum was evaluated via a student questionnaire which was administered to students taking the course and to a control group. The evaluation instrument included knowledge, self-esteem and attitude items and items dealing with behavior and behavioral intentions. Significant differences were found between course participants and the control group regarding initiation of sexual intercourse, recent intercourse, expectations of intercourse before high school graduation, and frequency of discussion about sex with parents or guardians. Overall, results of the evaluation indicate a number of changes, changes that are supportive of the development of a sexually abstinent adolescent lifestyle.

Parents, or the other adults who function in that role, are the most significant role models in children's lives. From observation of these adults, children develop many concepts, including ones regarding sexuality, love and affection. Because they are the primary educators of their children, parents and guardians are heavily involved in this curriculum. Many lessons have homework assignments that are done by parents and students together, giving young people an opportunity to learn about their parents' beliefs and experiences and, at the same time, providing an opportunity for parents to participate in their children's learning process.

To be effective, sexuality education should include both home and school components. Parents and guardians have a right to know and make decisions about their children's education, particularly education about sexuality. Therefore, before teaching this abstinence-based curriculum, it is imperative that teachers make certain that the program concepts, objectives and approach have the support of parents and the school board and are within the school district's guidelines and the state education codes.

The Curriculum

Sex Can Wait is divided into four general areas of emphasis: Knowing Myself, Understanding Sexuality, Relating to Others and Planning My Future. These sections are divided into twelve units that focus the content of the curriculum. The lessons in each unit illustrate and reinforce the themes and skills of each unit and section. Masters for all transparencies and handouts are found at the back of the book.

Section 1: Knowing Myself (Units 1–3)

The first topic in this section is values; students are allowed to express their own values and to reinforce the values of home and family. Since values and decisions are intertwined, the lessons that deal with these topics are intended to help young people recognize the integration of values, personal feelings and behavior and the importance of establishing values that help them to make wise decisions.

An important first step in the process of knowing oneself is to feel good about who we are as individuals. The three lessons in this curriculum that specifically address self-esteem are intended to lay the groundwork for further enhancement of self-esteem in adolescents. Continued interactions with the students, a positive atmosphere created in the classroom, improved communication among young people and their family and friends, and improved decision-making skills and resultant self-confidence and self-control all supplement direct classroom instruction on this topic.

Section 2: Understanding Sexuality (Units 4–7)

Because human sexuality encompasses all aspects of the self, this section addresses gender roles (sexual identity), male and female reproductive anatomy and physiology (including conception), and the idea that sexual decision making is a shared responsibility. This section also includes units on sexually transmitted disease and on teen parenting that present hard facts about the risks associated with sexual activity. Throughout, the importance of adolescent sexual abstinence is reinforced.

Section 3: Relating to Others (Units 8–10)

The two lessons devoted to communication help students understand the impact of both verbal and nonverbal messages and develop the skill of assertive and constructive communication. Once a knowledge and skill base has been established, the application process begins.

The lessons on relationships and sexual decision making allow issues previously addressed in the curriculum to be reestablished and examined within the context of important relationships in students' lives. Self-esteem, masculinity and femininity, values and decision making, and communication affect, and are affected by, relationships.

Section 4: Planning My Future (Units 11–12)

Because adolescents usually are not future oriented, the curriculum is designed to help them discover the connection between their values, decisions, behavior and life outcomes. This last section is intended to incorporate all of the ideas previously established and to connect them to specific goals that students desire for themselves. Students are encouraged not to rush the future but to prepare for it by making the best of the learning and maturation time of adolescence.

Teaching Tips

To reach students with the message that sexual abstinence is one of the best decisions young people can make during adolescence, it is essential to adopt a positive and reasonably idealistic attitude toward young people and their capacity to take charge of their lives. Granted, not all teens can do so, but it is not possible to predict who will and who will not. Teachers can help to negate the prevalent self-defeating attitudes and behaviors by having high expectations and demonstrating to each student confidence in his or her ability to make wise decisions.

The lessons in this curriculum are designed to last approximately sixty minutes each. Teachers should carry over unfinished activities from previous lessons or delete activities as necessary and appropriate for their classes and schedules. The need to cover the intended material must be balanced with the need to be responsive to the questions and concerns of each group of students; flexibility is the key.

Students should have a three-ring binder or folder in which to keep their notes, homework assignments, handouts, personal observations, etc. This notebook is not to be kept as a turn-in assignment. However, an occasional brief check could be made to see that students have the content material they need to learn. To ensure privacy, it is important that notebooks not leave the students' hands. Conduct a quick check by having students lay their notebooks on top of their desks, then go down each row and leaf quickly through the material in each.

The greatest challenge of this curriculum is to deliver the intended message in a way that is consistent with one's own personality and teaching style. The curriculum is written to be as complete and consistent as possible; words have even been provided to ease transitions from one day to the next and from one activity or discussion to the next. These are there only to help and not for teachers to memorize or read to their students. By adapting the words to individual styles, personalities, moods and class situations, teachers can make the curriculum work for themselves and their students.

Birth control/family planning is not included in the curriculum. This is not an oversight. The curriculum is intended to promote abstinence unequivocally as the wisest choice for young people. Telling young people, "Don't have sex, but *if* you do, make sure you use protection," is a double message that often undermines the intended message and can leave young people less directed and more confused. Questions about birth control and other controversial topics will almost inevitably arise; answer these questions simply and factually. Students can also be referred to family and church for guidance.

Teachers should acknowledge, and students should understand, that (1) most people, at some point in their lives, move into a relationship that involves sexual intercourse, and, as a result, decisions about family planning are important, (2) for many reasons, a relationship that involves sexual intercourse is not the best choice for teens, and (3) for persons who are involved in a sexual relationship, decisions about family planning and protection are important. This curriculum is intended to be moral, not moralistic, in nature. Ideally all interactions with students, whether in lectures, discussion questions or responses to student questions, should reflect this approach as well. The teacher's goal is to enhance the functioning of the family structure, not to usurp its role, rights or responsibilities.

Answering Student Questions

An anonymous question box should be placed in the classroom throughout the length of this program, allowing students to ask questions they may be uncomfortable asking aloud in class. Questions may be placed in the box before or after class, or at any point during the day. Students are asked to include their class hour but not their names, so they remain anonymous but still get answers to their questions.

Some students may be reluctant to place a question in the question box because they are afraid they might be seen. One way to counter this is to give each student a piece of paper of the same size and color and a pencil. Ask students to write a question for the question box if they have one or to write a sentence about some other topic if they do not have a question. Go around with the box to collect students' papers. This procedure eliminates potential embarrassment and ensures that students who have questions get to ask them.

In answering questions, group them by topic or in some other meaningful way. Be aware that even though the activities you are implementing emphasize abstinence, you will probably receive questions about contraception and many other aspects of sexuality. Answer questions honestly and directly. The idea is to promote abstinence, not to restrict access to information. If several students are asking about the same thing, then the topic is one you will certainly want to address. There may be questions which will require some research to answer. Some questions are sure to address sensitive issues.

There may be questions that you feel uncomfortable addressing or feel can be best addressed on a one-to-one basis rather than in a classroom situation. Acknowledge these questions—"I also received a question about..."—indicating the topic if you feel it is appropriate to do so.

One way to deal with difficult questions is to bring in someone such as the school counselor to address the question. Another option is to refer the student to someone you feel will be more qualified to answer. "It is a good question, but one which would be best answered by someone else. I have spoken with our school counselor and she has said that she is willing to discuss this with you. If you asked this question, I hope you will see her at your first opportunity."

Don't use this option as a cop out. The question was asked in your class, and that is where students expect to get their answers. Do know your limits, however, and refer questions to other professionals when appropriate. Another way to address a question that you feel may be inappropriate to handle in class is to answer it outside of class. "It is a good question but not one that the entire class needs to discuss. If you will see me outside of our regular class time, I will be happy to discuss this with you."

Inappropriate answers to sensitive questions have the potential to cause major problems for you and your program. To best serve students and to avoid problems, we suggest that, when applicable, teachers use the following model to address value-laden questions dealing with controversial issues:

1. Define terms.
2. Provide factual information.
3. Provide a range of values.
4. Refer students to parents, clergy and other trusted adults.
5. Give your personal opinion only when you feel it is appropriate to do so. Know that this will be the exception rather than the rule.

If you follow this model, you will provide students with information, but will also challenge them to seek out information on their own and to consider all viewpoints. You can encourage students to communicate with parents and other adults about important issues. Use of this model will encourage students to make their own thoughtful, considered decisions.

Many questions will fall into one (or more) of the following four categories identified in *Beyond Reproduction: Tips and Techniques for Teaching Sensitive Family Life Education Issues* (ETR Associates Training Staff, 1983).

1. **Informational.** These are questions in which the student is simply seeking information. Answer questions as clearly and directly as possible. In answering, remember the phrase, "that's a good question," and use it often. Many times, when a student asks what others clearly perceive to be a dumb question, the teacher's role will be not just to provide information, but to help the student save face.

2. **Permission seeking.** These questions are often prefaced with "How old do you have to be to...," "Is it okay to...," "When you were our age did you...." In most cases it is not up to you to give permission. You might ask the class what they think. Almost always it is appropriate to refer students to parents.

3. **Am I normal?** These questions sometimes are prefaced with "Is it normal to...?" or "Do most...?" Remember and frequently use the phrase, "Many young people have that concern." In answering this type of question the teacher needs to provide reassurance.

4. **Shock.** These are the questions that have the potential, either by accident or design, to blow you and the program out of the water. Sometimes a student is sincerely seeking information, other times this is a matter of testing limits. In many cases, the best way to handle these questions is to simply answer the question. At other times the teacher may need to say, "I'm just not comfortable discussing this

in class, if you really want to know, I'll be happy to discuss it with you later." Personal questions in this category may be handled by reminding students of the class ground rules, which should include "No personal questions." To the greatest extent possible, treat all questions as "legitimate" and do your best to answer them.

Family Involvement

Child development authorities believe that the most significant role models in children's lives are their parents or those adults who serve in that capacity. From these adult role models, children begin very early in their lives to perceive sexuality as either a negative or a positive force. Attitudes and behaviors regarding sexuality, love, affection and caring are based largely on what children observe in their parents or guardians.

Timely, effective sexuality education—provided by the home and supplemented by the school—can help to postpone first sexual intercourse, help to prevent adolescent pregnancy and sexually transmitted disease, and help to develop increased respect for self and others. It is important to recognize that talking about sexual issues can encourage sexual responsibility. However, for many parents, talking with their teenage children about sex and sexuality can be very uncomfortable. The curriculum provides some helpful guidelines for parents to help make such discussions a positive, repeated experience.

Quality sexuality education can help adolescents develop positive attitudes about themselves and their sexuality. Positive attitudes contribute to self-esteem which can lead to rewarding adult sexual relationships. Giving one's children a sound factual and attitudinal basis for sexual decision making as an ongoing process is one of the most important aspects of parenting. Effective sexuality education has many lifelong benefits.

Effective school-based sexuality education goes beyond sexual biology to encompass the emotional, cultural and ethical aspects of sexuality. Much of the sexual activity of young people is motivated not by physical sexual need alone, but also by a variety of peer and cultural pressures and nonsexual emotional needs. Sound programs of sexuality education help young people recognize these forces and deal with them more effectively.

Effective sexuality education involves both home and school. Parents and guardians can become strong allies and supporters of a sexuality education program, but they need to be notified well in advance of the start date for teaching a curriculum which includes materials related to sexuality. Since the lead time varies from state to state, it is wise to review school district policies and state educational codes before sending out a parent permission letter and scheduling an "informational evening" where parents and guardians can learn about the program and preview the course materials. A sample permission letter and handouts for parents and guardians are a part of this program. These materials may be adapted to meet the needs of specific situations.

In summary, effective sexuality education is ongoing, honest, and responsive. It presents a positive view of sexuality and can contribute to enhanced self-esteem and improved decision-making skills. Effective sexuality education also can lead to increased acceptance of others, more rewarding relationships, and a reduction of problems related to adolescent sexuality.

Permission Letter

Dear Family:

Soon your child's school will be teaching an abstinence-based sexuality education curriculum called *Sex Can Wait*. The program promotes a positive approach to sexual abstinence. We are excited about sharing this program with your child, and we invite you to take part as well.

Your permission is required for your child to participate in the program. Please sign and return the permission slip below.

Materials from the program are available at the school for your review. You are invited to attend the "Family Preview" night that will be held at ____________________ in room ____________________ on ________________________________. This orientation meeting will give you a chance to review course materials and get answers to any questions you may have.

The *Sex Can Wait* program includes assignments for children to complete with their families. The program recognizes parents and guardians as the primary educators of their children and involves them in the learning process. Personal information from these homework assignments will not be shared in class.

We look forward to working with you to prepare your child for a healthy, successful future.

Sincerely,

____

(Teacher)

- -

I have read the above letter, and I am aware that I may preview the materials to be studied by my child. My child,

____,

(Child's Name)

has my permission to participate in the *Sex Can Wait* program.

____

(Parent or Guardian)

Talking to Your Teen About Sex and Sexuality

Teens *want* to talk with the important adults in their lives about sex, values and expectations. They *do* want to know what their parents believe and what their parents experienced when they were young. Teens want and need to be able to get information and honest answers to their questions.

Here are some helpful guidelines for parents and guardians:

1. It's all right to be embarrassed—your teen probably is too. Open acknowledgment—"This is difficult for me, but I do want to talk to you about this"—may be all it takes to clear the air and open up discussion.
2. Confidently, but not aggressively, state your moral views. A clear and open discussion of differing views may bring teens closer to parental views.
3. You may find it helpful to spend some time discussing your values and expectations with your spouse or a close friend before talking with your child. This can help you clarify your values as well as give you some practice with what you want to tell your child.
4. You do not have to wait for your teen to ask sexuality-related questions. Honest, open, ongoing discussions of human sexuality can be addressed when families are viewing television, attending social events, planning family pregnancies, reading books, etc.
5. Adults are sometimes surprised by a teen's question out of the blue, such as, "How do you know if you're pregnant?" Instead of jumping to conclusions, answer such questions factually and calmly. You may find your teen opening up and explaining why he or she asked the question.

Talking to Your Teen About Sex and Sexuality (continued)

6. It is helpful to keep current with new information about sex and sexuality. Read articles from reputable magazines and journals, talk with your doctor or local clinic, attend parent education meetings and utilize personal experience.
7. Information about sex doesn't encourage sexual activity. Many parental messages about sex are unspoken. Not talking about sex may give children a sense that because sex is something you can't talk about, it is dirty and forbidden. That may not be the message you want to give. Your own actions and lifestyle probably will have a greater impact on your children's attitudes and behaviors than anything you or anyone else says to them.
8. To set limits effectively, parents need to recognize aspects of their teen's development. To establish limits that will work, collaborate on establishing the limits with your teen, be willing to listen and compromise, be consistent in enforcing the rules, recognize and respect the fact that your child is getting older, and acknowledge your teen's need for privacy.
9. Accept teens for who they are. Try not to focus on mistakes and shortcomings.
10. You can teach teens responsibility for their sexual lives and be available to them without becoming overly involved.
11. Like, enjoy and be friends with your teenager. Children grow up fast.
12. Discuss the broad spectrum covered by love and sexuality. Talk about tenderness, empathy, compassion, communication and intimacy.

Suggested Reading Material for Parents and Guardians

Cassell, Carol. 1987. *Straight from the Heart: How to Talk to Your Teenagers About Love and Sex.* New York: Simon and Schuster.

Glenn, H. Stephen, and Jane Nelsen. 1988. *Raising Self-Reliant Children in a Self-Indulgent World: Seven Building Blocks for Developing Capable Young People.* Rocklin, CA: Prima Publishing and Communications.

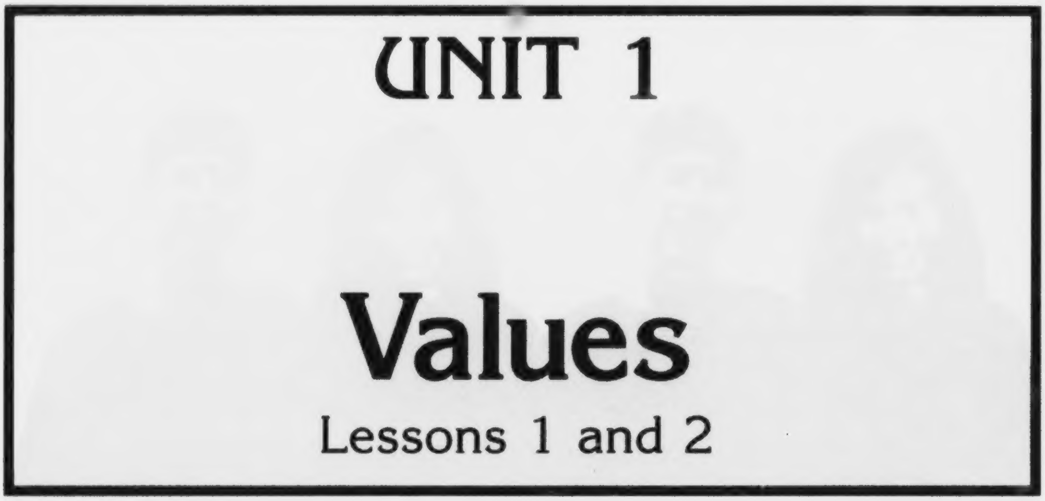
James, John, and Ibis Schlesinger. 1987. *Are You the One for Me?* Reading, MA: Addison-Wesley Publishing Co.

Nelsen, Jane. 1981. *Positive Discipline.* New York: Ballantine Books.

Nelsen, Jane, and Lynn Lott. 1990. *I'm on Your Side: Resolving Conflict with Your Teenage Son or Daughter.* Rocklin, CA: Prima Publishing and Communications.

Scott, Sharon. 1985. *Peer Pressure Reversal.* Amherst, MA: Human Resource Development Press, Inc.

Scott, Sharon. 1986. *How to Say No and Keep Your Friends.* Amherst, MA: Human Resource Development Press, Inc.



UNIT 1

Values

Lessons 1 and 2

• • • • • • • • •

Teaching Goals

- **To promote understanding of values and their role in sexual decision making.**
- **To foster examination and internalization of family values.**
- **To increase awareness of the impact others have on our values and decisions.**
- **To encourage students to evaluate the consistency of their behavior and their expressed values.**

Teacher Background

Young people learn their most basic values and attitudes from their families. This is especially true with sexuality. Families communicate their values directly through open discussion or in more subtle ways through actions, behavior and restrictions placed on family members. Adolescence is a time of establishing values as young people question and compare and contrast the values of friends, the media, family and self.

The purpose of this unit is to enable students to identify a set of clear, workable values and to see how these affect decision making. The activities are designed to enhance the integration of values related to the family and sexuality, personal feelings and behavior, and to provide opportunities for students to listen to and understand the values of others—not from a right versus wrong standpoint but from several different perspectives. Some values will have moral implications, while others will be the outcome of personal choices. Students are asked to look at or reacquaint themselves with family values as well as to adopt values that enhance the quality of life for themselves and society.

Encouraging an open, honest exchange of feelings about one's values can provide the basis for improved understanding and communication in committed, "mature" relationships. This is especially important in the area of sexual issues, because most people hold strong personal opinions and beliefs about sexuality and its expression. In an atmosphere of respectful give and take, students can express comfortably their personal ideas, listen to and compare their ideas with those of classmates, and examine the double standard—the too often diverging sets of values for males and for females.

In many cases peer pressure at school pushes for involvement in sexual intercourse. The teacher's role is to direct classroom discussion to reinforce the value of abstinence while taking care not to make students who have had sexual intercourse feel uncomfortable or alienated. These students can benefit from learning to clearly define their values and returning to an abstinent lifestyle. Values such as respect, honesty, responsibility, dignity, self-control and fairness relate to quality treatment of self and others, and support the choice to postpone sexual involvement.

LESSON

1

Introduction to Sexuality Education

• • • • • •

Overview

The teacher explains the program, and class ground rules are established. Teacher and students discuss the difference between sex and sexuality. Students list and discuss their ideas about the barriers to good communication and ways to overcome them.

Objective

- Students will list difficulties in talking about sexuality in the classroom and generate ideas and procedures to help overcome the barriers.

Time

50 minutes.

Teacher Preparation and Materials

Read:

- ✔ Teaching Goals and Teacher Background for Unit 1 (Values).

Have:

- ✔ Posterboard.
- ✔ Markers.
- ✔ Three-ring binder (or folders and paper) for keeping handouts and assignments for each student.
- ✔ Shoebox or other container for Anonymous Question Box.

Make:

- ✔ **Sexuality Education Goals** (Transparency 1A).
- ✔ **Curriculum Content** (Transparency 1B).

Lecture/Discussion

Introduction to Sexuality Education

(10–15 minutes)

Introduction

"Today is the first day of a five-week unit focusing on the study of sexuality education. In the past, this area of study has been referred to as 'sex education'; it often contained only factual information about our bodies, reproduction and childbirth. This information is important, but today sexuality education includes much more. The ideas and activities you will be involved in over the next several weeks will focus on the knowledge, attitudes and skills you need to understand, respect and express your sexuality as an important part of your total personal development."

Procedure

1. Display **Sexuality Education Goals** (Transparency 1A) and explain that students are assuming responsibility for their own sexuality and that sexual decision making is a critical issue. Both sexes are responsible for the consequences of sexual behavior. Sexuality education issues are important and appropriate for males and females equally.

   Review the three overall goals:

   - To promote abstinence as the best choice for young people with regard to sexual decision making.

- To facilitate the development of self-understanding and social understanding as well as factual knowledge, for a more integrated appreciation of human sexuality and reproductive anatomy/physiology.
- To encourage the development of critical life skills such as decision making, communication, goal setting and life planning.

2. Display **Curriculum Content** (Transparency 1B) and review the specific topics. These include *Knowing Myself* (values, decision making and self-esteem), *Understanding Sexuality* (gender roles, male and female reproductive anatomy and physiology, sexually transmitted disease and parental readiness), *Relating to Others* (communication, relationships, and sexual decision making), and *Planning My Future* (goal setting and life planning).

   Explain to students that some assignments are designed to open doors to communication between them and the people who care about them most—their parents or guardians and families. If communication is already good, these take-home assignments should be an extension of present discussions with families. If there is a difficulty talking with adult caretakers, parents and guardians, especially about topics such as sex and sexuality, these assignments should be viewed as as an opportunity to overcome these difficulties by improving communication.

Closure

"For each of us to benefit to the greatest extent possible, it will also be important that we are comfortable talking together. We want this to be a cooperative learning effort. Ideally, we will all complete this program feeling good about ourselves, our relationships and our ability to create a healthy and happy place for ourselves in the world."

Lecture/Discussion

What Is Sexuality?

(10 minutes)

Introduction

"Too often when we study the human being we exclude sexuality. Sexuality education integrates all aspects of ourselves and focuses especially on sex and sexuality. It is important, as we begin, to establish some common understandings about what we mean when we talk about sex and sexuality."

Procedure

1. Pose the following questions to students:
   - What is sex?
   - Are sex and love the same thing?
   - Why do people use the expression "making love" when they are referring to sexual intercourse?
   - What is the difference between sex and sexuality?
   - When did you become a sexual being?
2. During the discussion, encourage students to recognize the idea that sex refers to gender; masculinity and femininity; thoughts, feelings, attitudes and beliefs (especially regarding sexuality); and sexual intercourse. The term *sexuality* encompasses all these aspects.

Closure

"You have been a sexual being all of your life. To be a human being is to be a sexual being; to be a sexual being is to be a human being. Sexuality is a part of who you are as a person."

Learning Activity

Class Ground Rules

(20–25 minutes)

Introduction

"Our willingness to talk about ourselves and about sex and sexual relationships will depend on each of us making a commitment about what we will do in this class and how we will behave toward one another. It is important that this class be a safe place to share. It is important that we establish some ground rules that will govern our discussions and activities. The ground rules should be about things that you think are important and be rules that you are willing to abide by."

Procedure

1. On the board write: *"Things That May Make It Difficult to Talk About Sex in the Classroom."* Ask students to brainstorm a list of things that might make it difficult to talk about sex in the classroom. The list may include items such as the difficulty of finding or saying the right words, having boys and girls in the class together, having the teacher in the room, people laughing at you, feeling embarrassed, etc.

Suggestion: The teacher may want to divide the class into small groups (3–4 people) to generate lists. This is a good way to build trust and to increase participation. If cooperative groups are used, each member of the group should be given a role:

- Facilitator (leads the discussion)
- Recorder (writes down the group's key ideas)
- Timekeeper (participates but also watches the time to make sure the group finishes on time)
- Reporter (reports back to the whole class)

2. On the board write: *"Class Ground Rules."* Ask students to generate a list of ground rules that the class could use to help them overcome some of the difficulties they have anticipated in talking about sex. Explain that the rules should apply to both students and the teacher. Brainstorm a list, and then go back and discuss and refine the suggestions. Some rules may be able to be consolidated. If rules are fairly wordy, the class should strive to reduce them to short phrases or sentences. (Each rule should be succinct enough to read and understand at a glance.) Elaboration may be added, if necessary, following the short phrase or sentence.

   Suggestions for ground rules include the following:

   - No put-downs. All viewpoints are worthwhile.
   - No question is a dumb question.
   - Dictionary terminology should be used. (Use of slang words is OK to acknowledge them, to inquire about their meaning, or if someone doesn't know the dictionary usage.)
   - No asking personal questions.

- It's OK to pass. (Everyone has the right to not participate in an activity or to not answer questions he or she does not wish to answer.)
- What is said in class is confidential. (The teacher will also respect class confidentiality except when what is shared is illegal or dangerous to the students, or if it is required by law to disclose information, e.g., sexual abuse.)
- Use I-messages. Speak for yourself and express your own thoughts, attitudes and feelings.
- Complaints and concerns should be expressed openly and fairly.
- Don't sensationalize. (Discuss issues raised in class with family and friends, but give an accurate account of what the class is doing.)

3. Once the class has discussed, selected and refined the ground rules it wants, the list should be written (by the teacher or a student volunteer) on posterboard and placed in a visible spot in the classroom. Tell the class that they can change or add new rules as they discover the need for them.

4. Introduce the Anonymous Question Box. Explain that any question that students do not want to ask in class can be written on a piece of paper and placed in the box. Emphasize that students do not have to put their names on the paper. Inform students that the questions placed in the box will be taken seriously and will be addressed in a subsequent class. Tell students if they want a personal, private response to a question, they can sign their names to their questions.

Closure

"Creating these ground rules is important. They will help us to overcome difficulties we might have in talking and asking questions. We are now ready to look at self-esteem."

Sexuality Education Goals

The three goals of this program:

- To promote abstinence as the best choice for young people with regard to sexual decision making.
- To facilitate the development of self-understanding and social understanding as well as factual knowledge, for a more integrated appreciation of human sexuality and reproductive anatomy/physiology.
- To encourage the development of critical life skills such as decision making, communication, goal setting and life planning.

Curriculum Content

Knowing Myself

Values
Decision Making
Self-Esteem

Understanding Sexuality

Gender Roles
Reproductive Anatomy and Physiology
Sexually Transmitted Disease
Parental Readiness

Relating to Others

Communication
Relationships
Sexual Decision Making

Planning My Future

Goal Setting
Life Planning

LESSON 2

Understanding Values

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Overview

Students discuss what values are and how values define who they are as people. In small groups, students brainstorm possible value messages that underlie example statements, and questions to ask to uncover hidden values in such statements. Students complete a handout on their values and evaluate their behavior in relationship to their values.

Objective

- Students will evaluate the consistency of their behavior with their stated values.

Time

55 minutes.

Teacher Preparation and Materials

Make:

- ✓ **The Value of Values** (Transparency 2A).
- ✓ **What's Worth Valuing?** (Transparency 2B).
- ✓ **Standards for Important Values** (Transparency 2C).

Copy:

- ✓ **What Are You Saying?** (Handout 2.1), one for each student.
- ✓ **I Believe/I Do** (Handout 2.2), one for each student.

Lecture/Discussion

The Value of Values

(20 minutes)

Introduction

"Everything we do, every decision we make and every action we take is based on our consciously or unconsciously held beliefs, attitudes and values. The class will begin by looking at what values are and how we are influenced by them."

Procedure

1. Begin a discussion about values. Use the following questions to frame the discussion:
    - What are values?
    - Is a person born with values?
    - How and when do values develop?
    - Who has the greatest influence on your values?
    - Does this change throughout your life? How?
    - At what stage are most teens with regard to forming their values?
    - How do values affect thoughts, feelings and actions?
    - Why is it important that teens be aware of how values influence them?
    - What can young people do to enhance their values formation?

2. Conclude the discussion by sharing the following information: A value can be defined as a principle, standard or quality considered worthwhile or desirable. Essentially, our personal values form a foundation for how we think, feel and act. Our values help to define who we are as people. People who have an established set of values upon which to rely can be confident, independent and decisive. They know what they believe, and they act on those beliefs. Values and decision making go hand in hand. Values *formation*, however, is not a simple task.

3. Display **The Value of Values** (Transparency 2A) on the overhead projector. Go over each statement, clarifying where students have questions. Explain that before something can be a full value, it must meet certain criteria. It must be

    1. chosen freely
    2. chosen from among alternatives
    3. chosen after due reflection
    4. prized and cherished
    5. publicly affirmed
    6. acted upon
    7. part of a pattern that is repeated action

4. Explain that for teens just beginning to assert their independence and to question established family values, defining values can be difficult. The teen years are truly a time of values formation. Friends, family, media—sometimes a person's head spins when trying to determine the values upon which to base his or her life. Some values reflect different perspectives (e.g., valuing post-high-school education), and others reflect moral values (e.g., valuing honesty). An appreciation and a tolerance of others' views is important. It is equally important to take responsibility for one's own beliefs and actions. Often young people's values

fluctuate and their behavior is inconsistent—sometimes they end up hurting themselves and/or others.

Closure

"This program will ask you to identify or reacquaint yourself with your family's values. In addition, you will be asked to adopt values that enhance the quality of your lives and the lives of others."

Learning Activity

What Are You Saying?

(15–20 minutes)

Introduction

"Often we think of learning as something that happens in a formal school situation. We also tend to believe that we learn only when we're trying to, only when our attention is focused and the lesson is obvious. The formation of values doesn't fit this concept of learning at all. Instead, the transmission and adoption of values is subtle and complex."

Procedure

1. Explain that parents, teachers, friends, the media and others transmit values in a variety of ways:
    - In formal statements that express what they believe to be good, bad, right, wrong, important, unimportant, etc.—for example: It is important to save money. It is

good to help others who are less fortunate. Sex before marriage is wrong.

- In informal comments—for example: I wish we could afford a house like that. If those neighbors don't keep the trash out of their yard.... That boy is just looking for trouble.
- In behavior—lifestyle, speaking patterns, treatment of others.
- In the rules and expectations they establish—curfews, dating guidelines, classroom rules.

2. Divide students into small groups of four or five.
3. Distribute **What Are You Saying?** (Handout 2.1). Ask the groups to brainstorm possible value messages that underlie each statement.
4. When groups have finished examining all the statements, lead a class discussion. Ask students how a person could be most certain about the underlying message (asking the individual, although it carries no guarantees, is often best). Ask the students to review each statement and determine what questions would help them uncover the hidden values.

Closure

"Sometimes we 'absorb' values without recognizing that they are being transmitted to us. Sometimes we adapt our lives, our relationships and our decisions to fit the values of others—values we may not have examined or identified as important to ourselves."

Learning Activity
I Believe/I Do
(10–15 minutes)

Introduction

"In this activity, you will have an opportunity to examine your own values. I want you to think about what you believe and what is important to you."

Procedure

1. Distribute **I Believe/I Do** (Handout 2.2). Ask students to mark their reaction to each of the statements according to the directions at the top of the page.
2. Tell students that you are going to ask a series of questions to help them determine how consistent with their stated values their behavior is. Ask students to think about their own behavioral values. (Answers should not be given aloud.)
    - Health: Are you a nonsmoker? Do you use alcohol and/ or other drugs? Do you exercise regularly? Do you wear a safety belt in a car? Do you eat three balanced meals a day?
    - Education: Do you listen attentively in class? Do you do required homework? Do you choose electives that challenge you or offer study in an area of interest?
    - Family: Do you take time to sit down and talk with all family members? Do you offer help or support when a family member asks for it? Do you take time to do things with your family? Do you tell family members how important they are to you?

- Friends: Are you concerned about others' opinions of someone before you accept that person as a friend? Is being popular with a large number of people important to you?

- Sex: Do you have definite standards for your own sexual behavior? Do you or would you communicate these standards to the person you date? Do you control the kinds of situations you allow yourself to be in with a date? Do you drink and/or use drugs while on a date?

3. Ask students to discuss the following questions:

   - What influences us to behave in ways that are inconsistent with our expressed values?

   - Which should we look at, our values or our behavior?

   - If we are not particularly proud of an attitude or value that we have, can it be changed by changing behavior? For example, if you are prejudiced against some group, could getting to know people in that group change your attitude?

   - How can a person determine the worth of a value?

4. Place **What's Worth Valuing?** (Transparency 2B) on the overhead projector. Explain that these are values that many people consider important. Briefly review the list of values. Ask whether students also value these things.

5. Place **Standards for Important Values** (Transparency 2C) on the overhead projector. Review each standard and discuss whether students agree with these standards and can apply them to their own system of values.

Closure

"It is often much easier to say we value something than it is to truly hold that value and to act upon it. Values have meaning if they provide guidelines on which to base our decisions and behavior. It is important to examine the impact of a value on yourself, on others and on the world in order to determine its worth. It is also important to recognize that a belief becomes a value only if it is acted upon."

The Value of Values

Before something can be a full value, it must meet certain criteria. It must be

1. chosen freely
2. chosen from among alternatives
3. chosen after due reflection
4. prized and cherished
5. publicly affirmed
6. acted upon
7. part of a pattern that is repeated action

TRANSPARENCY 2B

What's Worth Valuing?

Here are some of the things that many people consider important in their lives:

- close friends
- health
- intelligence
- wealth
- popularity
- peace
- safety
- trust
- having fun
- fairness
- love
- honesty
- education
- courage
- skill
- caring for others
- interesting work
- physical attractiveness
- religious faith
- making the world better
- long-range happiness
- doing what's right
- excitement
- close family
- beauty in nature
- patriotism
- self-respect
- financial security
- independence
- creativity

Standards for Important Values

A value that is important to you should meet these standards:

- You feel that not only is it important to you now but that it will remain important in your future.
- You include it in your life even if you have to give up something else for it.
- You stick to it even if your friends don't agree with you.
- You think the world would be a better place if everyone appreciated this value.

Name: ____________________

What Are You Saying?

Identify possible value messages that underlie each of these statements. What could you ask to uncover the hidden values?

1. Friend: I'm not going to be seen riding around town with you in that heap you call a truck!
2. Mother: You need to slow down. You're not eating right or getting enough sleep!
3. Teacher: You're a lot smarter than your grades would lead me to believe. You need to try harder.
4. Friend: Everyone else is doing it! Don't be such a chicken! You're not going to get caught!
5. Father: No child of mine dates until the age of sixteen. Kids today are just asking for trouble!
6. Coach: You may have lost the game, but the way you pulled together and hung in there to the end makes me proud!
7. Boyfriend or Girlfriend: I really love you, but I'm just not ready for sex.
8. Sister: What are people going to think when they see you acting like that?
9. Commercial: You, too, can have a brighter, sexier smile if you use Brand X toothpaste.
10. Grandparent: The world is changing too fast. You're missing out on so much!

HANDOUT 2.2

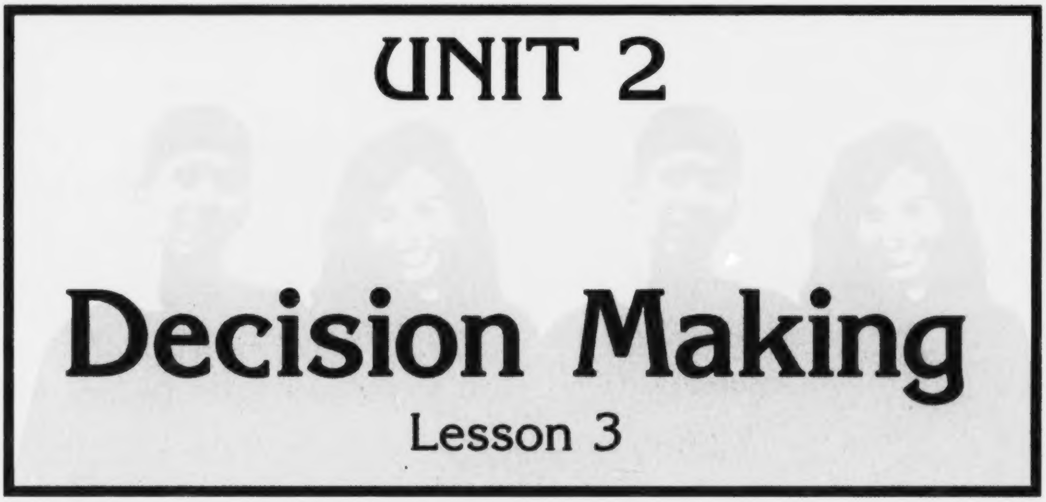
Name: ____________________

I Believe/I Do

Read each statement below. Circle the appropriate number to indicate your level of agreement/disagreement.

Strongly Agree=1
Agree=2
Undecided=3
Disagree=4
Strongly Disagree=5

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. My health is very important to me.	1	2	3	4	5
2. Getting a good education is important to me.	1	2	3	4	5
3. Families are among the most important people in one's life.	1	2	3	4	5
4. Having a few good friends is more important than knowing a lot of people or being in with a crowd.	1	2	3	4	5
5. Sex belongs in committed, adult relationships.	1	2	3	4	5



UNIT 2

Decision Making

Lesson 3

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Teaching Goals

- To encourage a recognition of decision making as a constant activity in life.
- To increase awareness of the relationship between values and decision making.
- To facilitate the acquisition of good decision-making skills that result in wise, responsible choices.

Teacher Background

The purpose of this unit is to develop in students a clear value system that includes personal limits or boundaries and good decision-making abilities, which can set a positive foundation for postponing early sexual involvement. The first step in making good decisions is to clearly define one's values or a code of ethics. The next step is to be able to act effectively on decisions. Acting responsibly is directly related to the ability to make good decisions.

Respect for self and others is the fundamental basis for decision making. Having firm, established values can make decision making easier and establishes a basis for consistent behavior. Throughout this curriculum, adolescents' value systems and abilities to make wise, responsible decisions will be challenged. By clarifying and strengthening positive values and attitudes, young people can be empowered with essential decision-making abilities.

This unit presents a five-step decision-making model. The model is purposely simple. By working through the steps several times, students can relate this model to their own lives. Encouraging students to express their feelings and concerns and to work through these concerns with the decision-making model helps students gain control and behave in a manner consistent with their values.

LESSON

3

Making Good Decisions

Overview

This lesson focuses on the relationship between values and decision making. It is important that teenagers acquire good decision-making skills resulting in wise, responsible choices. Students learn and practice a five-step decision-making model. Then in small groups they evaluate sample decisions as being responsible or irresponsible.

Objectives

- Students will practice a five-step decision-making model.
- Students will evaluate decisions as being responsible or irresponsible.

Time

60 minutes.

Teacher Preparation and Materials

Read:

- ✔ Teaching Goals and Teacher Background for Unit 2 (Decision Making).

Make:

- ✔ **Five Steps to Decision Making** (Transparency 3A).

Copy:

- ✔ **Decision-Making Steps** (Handout 3.1), one for each student.
- ✔ **Is This Responsible?** (Handout 3.2), one for each group of four or five students.

Learning Activity
Thoughtful Decision Making
(20–30 minutes)

Introduction

"We have the power to evaluate and choose the kind of people we are or want to become. We have spent some time thinking about the values we hold. Our behavior often reflects these values. For example, when we choose between eating a candy bar and eating an orange, the choice may reflect how much we value our health. By taking time, individually, to formulate our values, we have already come a long way in defining who we are and have taken the first step in the decision-making process.

"Decision making occurs continually; we often don't even realize we are making decisions. Each day we choose how to dress, what and when to eat, how we treat and respond to others, and how we spend our time. These often become habitual patterns of behavior, but they are still decisions. These decisions determine our life experience and our life views. Being a competent decision maker with strong, established values does much to strengthen an individual's sense of personal power."

Procedure

1. Explain to students that decision making is a skill that can be learned. By practicing decision making, through use of a formalized model, students can begin to internalize the process for their personal use, whether facing the big or small decisions.

2. Display **Five Steps to Decision Making** (Transparency 3A) on the overhead projector. Review the decision-making process with students. This will be the most effective if you illustrate wise decision making through use of a relevant situation.

3. Distribute **Decision-Making Steps** (Handout 3.1). Ask students to take a few minutes to identify a difficult decision which they are currently facing or which they anticipate facing soon. Allow students to work individually or to pair up with another student. Ask that they complete all decision-making steps for each of the identified problems.

4. When students have finished, discuss the following questions with the class:

    - How successful were you in working through your problem using the decision-making guide?
    - Were you aware of the values in question as you made your decision?
    - When people make spontaneous decisions, which aspects of wise decision making get overlooked?
    - Even when you use the steps to wise decision making, what are some factors that could complicate decision making?
    - Could you benefit from using this model on a regular basis?
    - What would help you to make the best, most regular use of this decision-making guide?

Closure

"Making wise decisions isn't always easy. Conflicting values, too many options, knowing we need to do one thing and wanting to do something else, your own interest versus others' interests—all of these can complicate decision making. Being aware of your options, using a conscious decision-making process, and relying on your values as a guide for decisions and behavior are important factors in wise decision making. But the bottom line in decision making is to recognize that when you exercise the freedom to make decisions, you must also accept responsibility for the results of the decisions you make. Allowing others to make up our minds for us and even opting for no decision still results in consequences for which we are responsible."

Learning Activity
Is This Responsible?
(20–30 minutes)

Introduction

"In our last activity, we talked about wise decision making. Ideally, wise decision making results in responsible behavior. This activity is designed to give you an opportunity to decide whether certain behavior is responsible or not."

Procedure

1. Divide students into small groups of four or five.
2. Distribute **Is This Responsible?** (Handout 3.2). Ask each group to select someone to record group responses.
3. Ask the groups to read the situations and answer the questions for each one. Encourage students to emphasize their reasons for labeling the behavior as responsible or irresponsible.
4. When students have finished, lead a large-group discussion. Read each situation. Allow each group to share its reactions. Discussion questions might include:
    - How did you determine whether someone's behavior was responsible or not?
    - Could everyone or should everyone agree on whether behavior was responsible or not?
    - What are the possible consequences in each situation?
    - In evaluating the decisions, what changes would you suggest for future behavior?

Closure

"Not only do our values guide our decisions, they also determine how we evaluate decisions. Because values differ from person to person, our ideas about responsible behavior also differ. Being responsible, however, must include some consideration for the way values, decisions and behavior affect oneself, others and the world. You are responsible for your decisions, whether those decisions are conscious and well considered or not."

Five Steps to Decision Making

Step 1: **In a few sentences, define the problem to be solved.** Define it in personal terms such as "How do I...?" "How should I...?" "What will I...?"

Step 2: **Determine your choices.** Gather information related to the problem. Identify at least three possible solutions or alternatives.

Step 3: **Evaluate the choices.** Consider the positives and negatives of each possible solution. What is the best thing that can happen? What is the worst thing that can happen? Think about the impact or consequence each alternative could have.

Step 4: **Make a decision.** Based on all the information you have gathered from these three steps, choose the one you feel will best solve your problem.

Step 5: **Evaluate the decision.** Did your decision solve the problem? If it did not, go back and review the choices again. In most cases you can make another choice and try again. It is always helpful to have a "plan B" or even a "plan C."

Decision-Making Steps

Step 1: In a few sentences, define the problem to be solved. Define it in personal terms such as "How do I...?" "How should I...?" "What will I...?"

____

____

____

Step 2: Determine your choices. Gather information related to the problem. Identify at least three possible solutions or alternatives.

1. ______________________________________
2. ______________________________________
3. ______________________________________

Step 3: Evaluate the choices. Consider the positives and negatives of each possible solution. What is the best thing that can happen? What is the worst thing that can happen? Think about the impact or consequence each alternative could have.

Positive

1. ______________________________________
2. ______________________________________
3. ______________________________________

Negative

1. ______________________________________
2. ______________________________________
3. ______________________________________

Decision-Making Steps (continued)

Positive

1. ______________________________
2. ______________________________
3. ______________________________

Negative

1. ______________________________
2. ______________________________
3. ______________________________

Positive

1. ______________________________
2. ______________________________
3. ______________________________

Negative

1. ______________________________
2. ______________________________
3. ______________________________

Step 4: Make a decision. Based on all the information you have gathered from these three steps, choose the one you feel will best solve your problem.

Step 5: Evaluate the decision. Did your decision solve the problem? If it did not, go back and review the choices again. In most cases you can make another choice and try again. It is always helpful to have a "plan B" or even a "plan C."

Is This Responsible?

Read each situation. Think about the characters and then answer the questions.

Situation 1

Justin, age 15, is watching Monday night football with his father. When his father gets a beer, he offers Justin one. Justin accepts.

1. What decision has Justin's father made?____________________

2. What decision has Justin made? ____________________

3. Is Justin's father behaving responsibly? ____________________

4. Is Justin behaving responsibly?____________________

5. What do you think of their decision?____________________

Is This Responsible? (continued)

Situation 2

Donna, age 16, has been dating Ben, age 17, for about a year. Donna and Ben decided together to have sexual intercourse. Ben uses a condom every time they have sex.

1. What decision have Donna and Ben made? ________________

____

2. Is Donna behaving responsibly? ________________

3. Is Ben behaving responsibly?________________

4. What do you think of their decision?________________

____

____

____

Is This Responsible? (continued)

Situation 3

Sarah, age 15, lives with her mother and older brother. Sarah's mother does not think Sarah is old enough to date unless she goes out in a group. Sarah thinks her mother is living in the Dark Ages. Sometimes she tells her mother that she is going out with a group of friends, but instead she really meets a boy who she likes very much.

1. What decision has Sarah made?____________________________

2. Is Sarah behaving responsibly? ____________________________

3. What do you think of her decision?____________________________

____

____

____

4. What decision has Sarah's mother made? ____________________________

____

5. Is she behaving responsibly?____________________________

6. What do you think of her decision?____________________________

____

____

____

Is This Responsible? (continued)

Situation 4

Van and Charles are both 15. One weekend when Van's parents are out for the evening, Van and Charles raid the liquor cabinet and get drunk.

1. What decision have Van and Charles made?________________

____

2. Is Van behaving responsibly?______________________

3. Is Charles behaving responsibly?____________________

4. What decision have Van's parents made?______________

____

____

5. What do you think of their decision?________________

____

____

____

Adapted from *Sexuality Education: A Curriculum for Adolescents*, Pamela Wilson and Douglas Kirby (Santa Cruz, CA: ETR Associates, 1984).

UNIT 3

Self-Esteem

Lessons 4–6

Teaching Goals

- To help students gain an understanding of self-esteem and its importance.
- To enhance communication between teens and parents or guardians.
- To foster students' understanding of their own natures, abilities and limitations.
- To enhance students' ability to develop and maintain their own self-esteem as well as that of those around them.

Teacher Background

Self-esteem affects the way we see, feel and act with regard to ourselves and others; this, in turn, affects how others respond to us. The development of healthy self-esteem is an ongoing process that is especially important during adolescence. In growing from dependence to independence, it is important that adolescents believe in themselves and in their ability to create and have control of a positive world of their own. The purpose of this unit is to facilitate each student's positive self-talk skill development, which is directly related to a high level of self-esteem.

A young person's "inner voice" can be the critical deciding factor in his or her approach to life. Sometimes this inner voice undermines a teen's efforts and abilities with negative messages. What teens think and feel about themselves sets the tone for their behavior and their treatment of others. By modeling accepting and respectful behavior, the teacher can help to enhance students' feelings about themselves.

A person's environment also has a direct impact on how he or she perceives self and others. However, a wonderful home life doesn't guarantee high self-esteem, and a bad home life doesn't limit one to low self-esteem. In the final analysis, it is the individual's responsibility to choose how he or she wants to feel and act.

An important issue in the discussion of self-esteem is sexual self-esteem. Self-esteem actually has much to do with sexuality issues because sexual self-esteem affects students' values, decisions and behavior. Positive self-esteem helps young people who have chosen to value postponement of sexual intercourse, to act responsibly even when faced with adverse circumstances and attempts to pressure them. Teens who feel good about themselves are less likely to do things that could ultimately hurt themselves or others.

Students need to realize that self-esteem is an attitude or feeling not obtained but *maintained.* Young people can choose their attitudes. They can choose to love, to cooperate, to grow, to achieve their goals. Liking and accepting oneself, feeling that one possesses the skills to resolve problems, feeling confident about a personal code of ethics and being able to make sense out of what's going on in life are all essential conditions for maintaining a high sense of self-esteem. The enhancement of self-esteem is an integral and important part of this program and should be reinforced continually as students progress through the curriculum.

LESSON 4

The Importance of Self-Esteem

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Overview

The development of high self-esteem is especially important during adolescence, and it is an ongoing process. As adolescents move from dependence to independence, they must increase their belief in themselves and in their ability to create a positive world of their own. This control of themselves will help reduce their vulnerability to pressures from peers and the media to be sexually active.

In small groups students discuss the effects of high and low self-esteem on decisions about personal behavior. With their parents or guardians, students begin a homework assignment to analyze their own strengths.

Objectives

- Students will compare and contrast high and low self-esteem.
- Students will analyze how self-esteem influences decisions about personal behavior.

Time

50 minutes.

Teacher Preparation and Materials

Read:

- ✔ Teaching Goals and Teacher Background for Unit 3 (Self-Esteem).

Copy

- ✔ **Self-Esteem** (Handout 4.1), one for each student.
- ✔ **The Crystal Ball** (Handout 4.2), one for each student.
- ✔ **Terrific Us!** (Handout 4.3), one for each student.

Learning Activity

The Crystal Ball

(45 minutes)

Introduction

"In the last several lessons we have emphasized how important our values and decisions are in terms of defining who we are and what our life experience will be. Another critical issue in how we experience life, however, is how we feel about ourselves. The way we feel about ourselves affects the way we see, feel and act. This, in turn, affects the way others respond to us."

Procedure

1. Ask students to form small groups of four or five. Distribute **Self-Esteem** (Handout 4.1).
2. Ask students to work together with their groups to come up with the most complete definition of self-esteem they can agree on. Next ask them to formulate a list of the benefits high self-esteem holds for an individual and the effects that low self-esteem has on a person. Each student should record the group responses on the handout.
3. After the groups have completed their discussion of the three questions on the handout, lead a class discussion. Discuss what self-esteem is and how it affects the individual. Emphasize that self-esteem is, essentially, the feelings people have with regard to their own worth. In its most positive sense, self-esteem is a realistic appraisal and acceptance of oneself, without exaggerated pride or conceit. Have students share their lists of benefits and effects. Be sure the following points are included.

When people hold themselves in high esteem:

- They don't have a need to prove themselves to anyone.
- They are motivated to try more things and will therefore have more success.
- They turn mistakes, failures and setbacks into new challenges.
- They enjoy more relaxed, satisfying relationships.
- They are less judgmental and more tolerant of others.
- They are more confident and enjoy life more.

When people's self-esteem is low:

- They don't like themselves.
- They enjoy life less.
- They have a difficult time developing and maintaining friendships.
- They retreat from challenges.
- They are devastated by setbacks and failures.
- They blame others.
- They are fearful and anxious.

4. Distribute **The Crystal Ball** (Handout 4.2) and ask students to continue their small group work. Have the students review each situation and then determine how a person with high self-esteem would respond differently from a person with low self-esteem.

5. As a class, in addition to reviewing the situations, discuss the following questions:
   - Were you able to distinguish between the distinct patterns of response for those with high and low self-esteem?
   - How would you describe these differences?
   - Did you find yourself discussing behavior alone, or did you also offer insight into how the person would be thinking and feeling? Why?
   - Was this difficult to do?
   - What was the most important realization for you as you discussed these situations and the effects of low self-esteem?

Closure

"Self-esteem is critical in determining how a person experiences life. It is interesting to note that high self-esteem allows you to act more readily upon your own thoughts, attitudes and values. High self-esteem contributes to clear thinking and wiser decisions."

Homework Assignment

Terrific Us!

(5 minutes)

Introduction

"We have talked about what self-esteem is and why it is so important. In the next lessons, we'll expand our knowledge of self-esteem. One of the most important things we'll be talking about is how to boost our feelings of self-worth. You can begin that process by talking with an adult family member about what makes you the terrific person you are."

Procedure

1. Distribute **Terrific Us!** (Handout 4.3). Ask students to fold the paper on the dotted line so that they can complete the top portion but not have it show when an adult family member completes the bottom portion.
2. Ask students to complete the handout with an adult family member as indicated in the directions. They should discuss the questions together. The handout may be completed with one or more adult family members as is appropriate to each particular home situation.

Closure

"Have fun with this. Allow this conversation with your families to focus on the upbeat and the positive in your lives. You can talk about more than just the questions provided."

Name: ____________________

Self-Esteem

Discuss the following questions with your group. Answer as fully as possible.

What is self-esteem?____________________

What can high self-esteem do for you?____________________

What effect does low self-esteem have on a person?____________________

Name: ____________________

The Crystal Ball

Review each of the following situations. Use your knowledge of the person's self-esteem—like a gypsy's crystal ball—to predict how the person will respond.

Situation 1

Hassan's parents have gone away for the weekend. They have specifically asked him not to have friends visit him at the house while they are gone. He assures them that he intends to use the weekend as a chance to be alone and relax—and he means it! He needs time out. Then friends hear about the "empty house" and begin planning a party at Hassan's. What will Hassan do?

a. If Hassan has high self-esteem, he will probably...

____

Why?____

____

b. If Hassan has low self-esteem, he will probably...

____

Why?____

____

The Crystal Ball (continued)

Situation 2

Jennifer has been asked to make a presentation at an all-school assembly. She has never spoken in front of a large audience, and she has never used a microphone. What will Jennifer do?

a. If Jennifer has high self-esteem, she will probably...

____

Why?____

____

b. If Jennifer has low self-esteem, she will probably...

____

Why?____

____

Situation 3

Kim really wants to attend Central State University. Her parents cannot afford to send her. Kim applied for a scholarship. She waited eagerly for a response, but when the response finally came, she had been turned down. What will Kim do?

a. If Kim has high self-esteem, she will probably...

____

Why?____

____

b. If Kim has low self-esteem, she will probably...

____

Why?____

____

The Crystal Ball (continued)

Situation 4

People are important to Alfredo. He has always tried to treat them with kindness and respect, but now his friends are pushing him to "prove his manhood." The test? He must ask the girl of their choice to go out with him and get her to "go all the way." What will Alfredo do?

a. If Alfredo has high self-esteem, he will probably.

____

Why?____

____

b. If Alfredo has low self-esteem, he will probably...

____

Why?____

____

The Crystal Ball (continued)

Situation 5

Aaron and Becky have been dating for nearly two years. As much as they love each other, they have talked often about the fact that high school just isn't the right time in their lives for sex. Although they have both believed this, Becky begins to change her mind. She is now suggesting to Aaron that maybe it would be OK—if they make sure they're always careful. Aaron still believes that they should wait. What will Aaron do?

a. If Aaron has high self-esteem, he will probably...

____

Why?____

____

b. If Aaron has low self-esteem, he will probably...

____

Why?____

____

Name: ____________________

Terrific Us!

Complete this page of the handout. Give the second page to an adult family member to complete. You should each fill out your portion of the handout without sharing your answers. When you have both responded, review each other's comments and discuss the questions.

Student:

1. In my opinion, my three greatest strengths are...

a. ____________________

b. ____________________

c. ____________________

2. Members of my family consider my three greatest strengths to be...

a. ____________________

b. ____________________

c. ____________________

3. The three things I like best about my family are...

a. ____________________

b. ____________________

c. ____________________

Terrific Us! (continued)

Family Member:

1. In my opinion, this child's greatest strengths are...

a. ______________________________

b. ______________________________

c. ______________________________

2. In this child's opinion, his/her greatest strengths are...

a. ______________________________

b. ______________________________

c. ______________________________

3. The three things this child likes best about us/me are...

a. ______________________________

b. ______________________________

c. ______________________________

Discussion Questions

1. What surprised you most about the other's answers?
2. How do you explain the similarities or differences in your responses?
3. Do you like what the other person had to say? Why or why not?
4. What steps can you take to improve your opinion of your strengths? What steps can you take to improve your family's opinion of your strengths?

LESSON

5

Accept the Best

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Overview

This lesson addresses the importance of developing and maintaining self-esteem. Students participate in a lecture/discussion activity on self-knowledge and expectations and how these affect thoughts, feelings and behavior. They also think about how what others say to us can affect our self-esteem. Students complete an activity where they evaluate their self-knowledge. They also roleplay behaviors demonstrating low and high self-esteem and brainstorm ways to boost self-image.

Objectives

- Students will evaluate their own self-esteem.
- Students will demonstrate behaviors that illustrate low and high self-esteem.
- Students will identify ways to boost self-image.

Time

50 minutes.

Teacher Preparation and Materials

Copy:

✓ **Accepting the Best/Changing the Rest** (Handout 5.1), one for each student.

Homework/Discussion

Terrific Us! Wrap-Up

(5 minutes)

Introduction

"Yesterday you were asked to spend some time talking with your families about what makes you the terrific person you are."

Procedure

1. Ask students:
    - Was it difficult for either you or your family member to complete the assignment?
    - How did you explain the similarities or differences in your responses?
    - What did you like most about the assignment? What did you like least?
    - Were you aware of your and your parent's or guardian's strengths before being asked to specifically identify them?

Closure

"Sometimes it's difficult to find time to talk. But time spent together is invaluable—especially the positive time spent with important people in our lives. These are the people who influence how we feel about ourselves."

Lecture/Discussion

Self-Esteem—How Does It Work?

(15 minutes)

Introduction

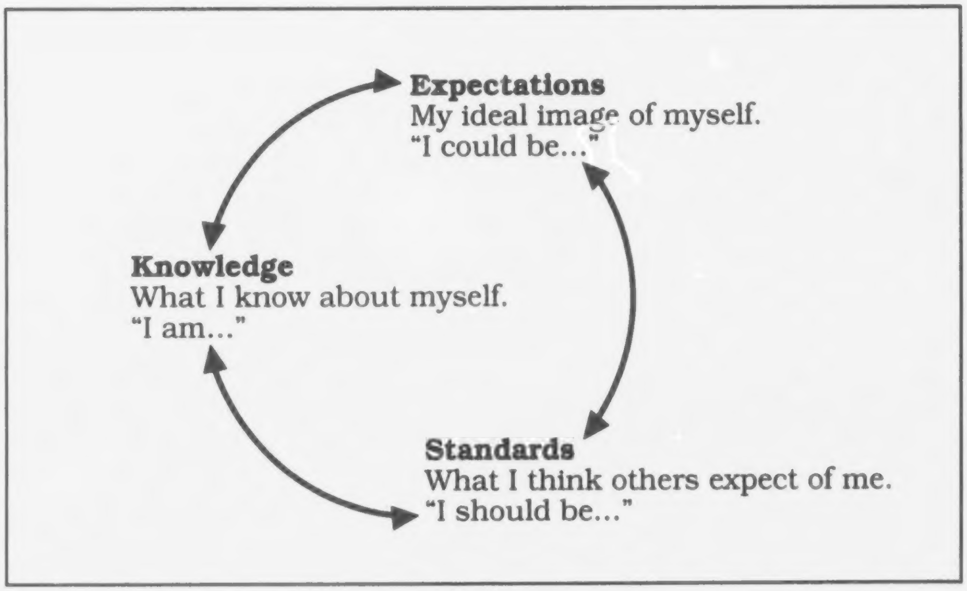
"We've examined what self-esteem is, why it's so important, and the effect it has on thoughts and behavior. To learn how to develop and maintain high self-esteem, we need to understand how a person's sense of self-worth is established."

Procedure

1. Ask students to share their ideas of how self-esteem develops in each person. Begin with the following questions:
    - Is a person born with self-esteem?
    - How do feelings of self-worth start to develop?
    - Who or what influences a person's self-esteem?
2. Guide students to recognize that from birth on, a person has an effect on and is affected by others and the environment. Our feelings and beliefs are based on what we know about ourselves (knowledge), what we expect from ourselves (expectations), and internalized standards of thought, feeling and behavior.

    Sketch a diagram on the board as you talk about self-esteem. Draw ideas from students as you develop the diagram. It should look something like this:

Self-Esteem


Expectations
My ideal image of myself.
"I could be..."
Knowledge
What I know about myself.
"I am..."
Standards
What I think others expect of me.
"I should be..."

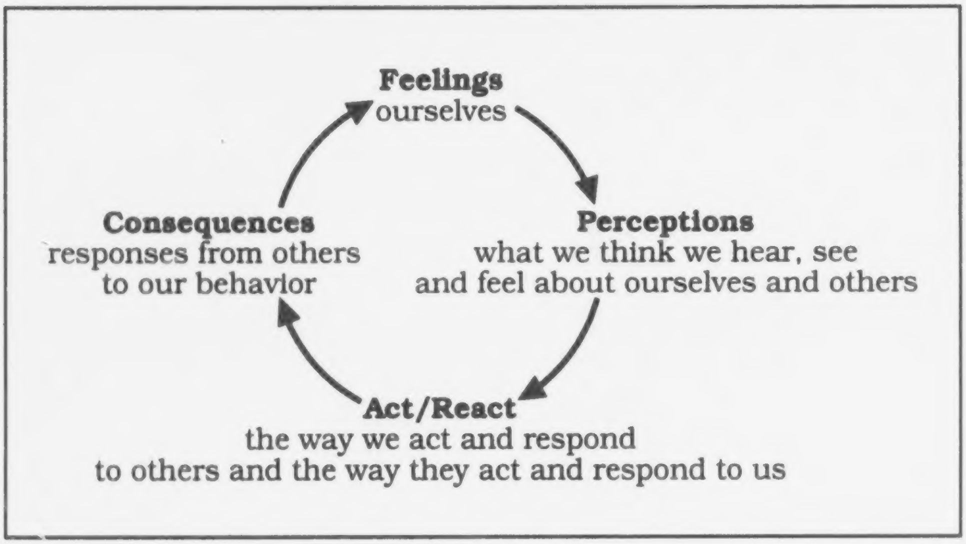
3. Ask students to record the self-esteem illustration in their notebooks or binders. Have them personalize the illustration by finishing the sentence starters for themselves.

4. Point out that when all three areas (Expectations, Knowledge and Standards) fit together or match in a reasonably equal way, a person's self-esteem is positive and healthy. When who you are is pretty close to being who you could be and who you should be, you feel good about yourself. When expectations, self-knowledge and standards are low or not aligned, a person experiences low or unhealthy self-esteem.

5. Explain that what others say to us and about us, our successes and failures, and our sense of personal power are all critical components of self-esteem. If these messages are internalized in a negative way, a person's perception of self is lowered. When these messages are internalized in a positive way, a person feels good about himself or herself. Provide relevant examples to illustrate these points.

6. Diagram the *Impact of Self-Esteem* on the board.

Impact of Self-Esteem


Feelings
ourselves
Perceptions
what we think we hear, see
and feel about ourselves and others
Act/React
the way we act and respond
to others and the way they act and respond to us
Consequences
responses from others
to our behavior

Use the diagram to discuss with students how people who feel good about themselves tend to see themselves, others and the world in a positive light. They therefore tend to act and react to others in a friendly, open, respectful manner. Others respond to this. This in turn affirms the accuracy of their perceptions, and the positive cycle is perpetuated. The exact opposite is true when low self-esteem triggers the cycle. Provide an example to illustrate the cycle. Then have students offer other examples.

Closure

"A negative home or school environment, or having regular contact with people who have low self-esteem, can make it difficult to develop and maintain high self-esteem. *Difficult,* however, does not mean impossible. We have the power to choose how we want to experience life. Much can be done to boost and maintain a high level of self-esteem."

Learning Activity

Accepting the Best/Changing the Rest

(15 minutes)

Introduction

"It is probably most helpful to begin the process of boosting self-esteem by taking a self-inventory. Learning to pat ourselves on the back in recognition of strengths is important. Knowledge of weaknesses is also necessary if we are to make the changes that allow us to feel better about ourselves."

Procedure

1. Distribute **Accepting the Best/Changing the Rest** (Handout 5.1).
2. Ask students to complete the handout, following the directions at the top of the page and below the checklist.
3. Discuss the following questions:
   - Is there a difference between someone with healthy self-esteem and someone who is "stuck-up" or a braggart?
   - People with unhealthy self-esteem focus on their weaknesses. How is this different from the awareness and examination of weaknesses that are an important part of healthy self-esteem?
   - If a person is aware of a weakness, why doesn't he or she just change?
   - Do all people evaluate thoughts, feelings and behavior in the same way?
   - Why do some people evaluate "not getting mad very often" as a strength, while others view it as a weakness?

Closure

"Again, our values determine how we evaluate our thoughts, feelings and actions. Healthy self-esteem requires that we learn to appreciate the best (however we define it) in each of us and make efforts to change the rest. Demonstrating respect for yourself, others and the world is always a basic guideline."

Adapted from *The Birds, the Bees and...the Real Story*, Kay Rodenberg Todd and Nancy Abbey (Santa Cruz, CA: ETR Associates, 1980).

Learning Activity

Looking the Part

(15 minutes)

Introduction

"My guess is that most of you can judge fairly accurately how a person feels about himself or herself simply by looking. There's no guarantee you'll be right, but there are visible cues that tend to indicate self-esteem. Learning to look the part of a confident, poised person can be a good first step toward becoming such a person. For example, have you ever woken up in the morning and been in a grouchy, grumpy mood? When you were in this kind of mood, did you have to be around friends who were excited, laughing and having fun? What happens if they make you laugh? Often your bad mood disappears. To look the part is often to feel the part and to become the part. Acting as if you have high self-esteem projects a positive image to others; they respond to it and treat you accordingly."

Procedure

1. Ask for two to four volunteers to leave the room and prepare a short roleplay of how a person with low or unhealthy self-esteem would act.
2. While the volunteers are planning, explain to the rest of the class that they will be asked to identify behaviors that indicate low or unhealthy self-esteem and determine what the person should do differently to project high self-esteem.

3. Ask the volunteers to return to the room and demonstrate low or unhealthy self-esteem. When the class has provided ideas for boosting the self-esteem image, ask the volunteers to change the roleplay to demonstrate high or healthy self-esteem.

Closure

"Just looking the part of a person with high or healthy self-esteem is not enough. We all know of people who look capable and confident but aren't really this way. But looking the part can be a first step. It sends a positive message to yourself and others. Hold your head up and your shoulders back. Adopt an air of confidence. If you're not specifically sad or mad, put a pleasant expression on your face. Make eye contact with other people. Speak clearly and confidently so that you can be comfortably heard and people will know it is worthwhile to listen to you. Start to look and feel the part of a person with healthy self-esteem."

HANDOUT 5.1

Name: ____________________

Accepting the Best/ Changing the Rest

This activity will help you describe yourself. There are no right or wrong answers. Read each statement carefully and decide whether it describes how you feel about yourself. Circle the answer that most nearly expresses your feelings.

Strongly Agree=1
Agree=2
Undecided=3
Disagree=4
Strongly Disagree=5

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. I am interesting to other people.	1	2	3	4	5
2. It takes me a long time to get used to anything new.	1	2	3	4	5
3. I like the way I look.	1	2	3	4	5
4. I have trouble controlling my feelings.	1	2	3	4	5
5. I have ambition to achieve to the very best of my ability.	1	2	3	4	5
6. I often act on the basis of feelings and emotions rather than reason.	1	2	3	4	5
7. I am poor at making things with my hands.	1	2	3	4	5
8. If a friend were in trouble, I would probably drop him or her rather than get involved.	1	2	3	4	5
9. I don't get mad very often.	1	2	3	4	5
10. I seem to be tired a lot.	1	2	3	4	5

HANDOUT 5.1

Accepting the Best/Changing the Rest (continued)

11. I handle most of my problems well. 1 2 3 4 5
12. I am in control of my sexual impulses. 1 2 3 4 5
13. Others will often take advantage of me. 1 2 3 4 5
14. I have lots of confidence in myself. 1 2 3 4 5
15. Having sexual intercourse will make me mature. 1 2 3 4 5
16. I am happy most of the time. 1 2 3 4 5
17. I find it hard to get along with people. 1 2 3 4 5
18. I am responsible for my behavior. 1 2 3 4 5
19. I don't know what to do in many situations. 1 2 3 4 5
20. I don't finish most things that I start. 1 2 3 4 5
21. I always try to be fair. 1 2 3 4 5
22. I don't get jealous easily. 1 2 3 4 5
23. I am seldom at ease and relaxed. 1 2 3 4 5
24. I solve problems quite easily. 1 2 3 4 5
25. I am a strong person. 1 2 3 4 5
26. I try to do what I think is right. 1 2 3 4 5
27. Criticism doesn't upset me if I have tried to do my best. 1 2 3 4 5
28. I always look out for myself first. 1 2 3 4 5
29. I wish my body were shaped differently. 1 2 3 4 5
30. I like to meet new people. 1 2 3 4 5

HANDOUT 5.1

Accepting the Best/Changing the Rest (continued)

31. I know my sexual limits and clearly communicate these to others. 1 2 3 4 5

32. I am a healthy person. 1 2 3 4 5

33. I give in very easily. 1 2 3 4 5

34. Others will often follow my ideas. 1 2 3 4 5

35. I am a nervous person. 1 2 3 4 5

36. I am smart. 1 2 3 4 5

37. I can make up my mind and stick to it. 1 2 3 4 5

38. I am respectful of my feelings and needs and those of others. 1 2 3 4 5

39. I feel guilty if people think well of me; I fear they would be disappointed if they knew what I am really like. 1 2 3 4 5

40. I am a helpful person. 1 2 3 4 5

Think about these statements for a few minutes. What feelings do you experience when you agree with the positive statements? Look at the whole checklist to see if it reveals any of your values. Put a star by five statements you would like to change. Focus on two in particular that you would like to change the most. Now think about why you haven't changed this part of yourself before. What steps can you take to make these changes?

LESSON 6

Positive Self-Talk

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Overview

Positive self-talk and its effect on a person's self-esteem are the focus of this lesson. Students listen to a lecture describing the effects of both negative and positive self-talk. They learn how to stop negative self-talk and replace it with more positive, productive messages. Students work in pairs to rewrite negative self-talk messages into positive messages.

Objective

- Students will demonstrate how to change negative self-talk messages into positive, productive self-talk messages.

Time

55 minutes.

Teacher Preparation and Materials

Copy:

✓ **Creating Productive Self-Talk** (Handout 6.1), one for each student.

Lecture/Discussion

The Self-Talk Attitude

(10–15 minutes)

Introduction

"We have been focusing on people as individuals—the values they hold, the decisions they make, and even the feelings they have about themselves. These all work together to create unique life experiences for each individual. Equally important, however, is your attitude toward life. You can only be as happy, capable and lovable as you believe you are, as you believe you have the right to be, and only to the extent that you feel life can offer good things.

"In many ways, attributes and skills determine a person's attitude, but the interactions between these aspects of self make it difficult, if not impossible, to separate the components and establish cause and effect. It is more helpful to simply say that people can be the best they can be, and can create the kind of life they want for themselves, because it is in their power in most cases to alter, change or improve those areas in which they are personally weak or that they find unacceptable."

Procedure

1. "Other people and events influence a person's life tremendously, but our personal response to people and events is what really determines life experiences. We can't always control what happens to us, but we can to a large extent control our reaction to what happens. Personal response is a complicated thing; it is frequently based on something called 'self-talk' or 'mind chatter,' those things that an individual says to himself or herself.

   "Self-talk is an important part of the thinking process. The human brain is continually processing information—as you eat, as you sleep, as you talk, as you read. The brain never stops, but people are aware of only a fraction of what passes through their brains. Much of the information is objective in nature, such as when you note the change in color of a traffic light, or add and subtract numbers. However, even this information often passes through the brain with a great deal of judgment and commentary attached to it."

2. "These personal judgments and commentary make up the self-talk portion of the thinking process. This internal voice is the one that says, 'Wow! This is great!' or 'Oh! This is terrible!' It may say, 'Everyone makes mistakes. What do I have to do next time to get it right?' or 'Boy, am I stupid! I never get anything right. I don't know why I bother!'

   "If self-talk is positive, the individual has the self-acceptance and energy to make good things happen even if life events have been negative. Negative self-talk leaves an individual feeling helpless, angry and defensive. Unfortunately, people's self-talk frequently focuses on the negative. When encouraged to 'think positive,' people are quick to respond with 'I can't. This is just the way I am. I've always thought this way. I can't help it!'"

3. "Not only do many people not recognize that their self-talk directly reflects what is happening in their lives, they also do not recognize that self-talk is their interpretation of what has happened. For example, a student with three tests scheduled for the same day might find himself or herself saying or thinking, 'Teachers are so unfair! They

think all you have to do in the world are their own stupid tests! There's no way I can study for all those.' This person's attitude is poor; his or her self-esteem is low or unhealthy. Considerable stress is experienced, and the student is sure it's caused by the teachers and the tests.

"While it is rare for a person to look forward to all three tests, there is a better, more positive kind of self-talk to use. It would be more helpful to say, 'Wow! Three tests in one day are a lot, but I'm going to have to deal with them! I'll study what I can on each subject and give it my best shot.' In the same situation this individual has a healthy attitude and has kept her or his self-esteem intact. Students like this do not allow themselves to become overly stressed. Chances are that this person will do better on the tests than the person who was angry and blamed the teachers—he or she certainly will be less miserable in the process."

Closure

"Internal self-talk is not the voice of some alien being over whom you have no control. The voice is your own, and you can determine whether you use it to be your own best friend or your own worst enemy. The challenge for each individual is to stop the negative self-talk and replace it with a positive message. We'll be talking about and practicing this type of 'reprogramming.' However, keep in mind that you have spent a lifetime developing the attitude and self-talk you currently have, and it will take much effort—continued effort—for you to make positive changes.

"Those of you who already tend to have a more positive, productive attitude and self-talk, may find a little extra skill to make the good even better. For those of you who find your self-talk often sabotaging you and making your life more difficult and less enjoyable, this may be a time of awareness; you may need to find someone who can further help you make the self-talk changes you want or need in your life. The important thing is the willingness to take responsibility for making positive changes."

Learning Activity

Productive Self-Talk

(30 minutes)

Introduction

"As a first step in developing stronger, more productive self-talk, it is helpful to practice turning negative, self-defeating comments into the positive, productive self-talk desired."

Procedure

1. Distribute **Creating Productive Self-Talk** (Handout 6.1). Explain that students will be working in pairs to transform the negative statements into positive statements that someone could use to create productive self-talk. Encourage students to develop two or three productive statements for each of the self-defeating comments listed.

2. Divide students into pairs. If it is possible, pair students who will find this task more difficult with ones who will find it fairly simple based on present skill levels.

3. When students have completed the handout, discuss the process with them. Questions may include:

   - Was it difficult to find more productive messages? Why or why not?

   - Were there any statements you found more difficult than the others?

   - Sometimes people who use positive, productive self-talk are accused of kidding themselves and being unrealistic. What do you think?

   - How is productive self-talk different from "wearing rose-colored glasses" (i.e., turning even a tragic event into a happy thing)?

4. Discuss some of the rewrites with the class as a whole. Help students distinguish between statements that may be positive but unproductive and those that are positive and productive. For example, in rewriting Statement 1, it would be possible to say, "Life is wonderful! If I try hard enough, I can do anything!" This is very positive, but not very productive—especially if someone is dealing with a tremendous setback. It would be more helpful for the individual to say, "Life can sometimes be frustrating, but if I keep trying and hang in there long enough, I'll work things out eventually."

Statement 9 implies that the individual may have done something to upset his or her friends. It would be unproductive to say, "My friends will love me no matter what I've done." Positive, productive self-talk would include: "My friends may be mad at me for what I've done, and they probably have a right to be, but I'll apologize, explain why I did what I did, and hope that they'll understand."

Closure

"Productive self-talk is an individual's personal means of accepting life's happenings, both good and bad; of determining personal control in a situation; and of creating the energy needed to change something or move on with life—expecting the best. Productive self-talk is more than happy words; it is an attitude and skill used by people to make positive things happen in their lives."

Lecture/Discussion

Your Personal Self-Talk

(5–10 minutes)

Introduction

"Productive self-talk boosts self-esteem and creates a positive life attitude. So far we've talked about what self-talk is and how to create those positive, personal messages. Before we end the lesson, let's take some time to discuss how we can incorporate positive self-talk into our daily lives."

Procedure

1. Explain that the first step in this process is to become conscious of the personal judgments and commentary going on inside our heads. Suggest that students take a few minutes to think through some of the various life situations with which they have been, or are, confronted. Ask them to identify those they find especially difficult or challenging (e.g., problems with family or friends, dating, going to work, taking tests at school). Ask them what are some of the self-talk comments that commonly run through their minds as they deal with each of these situations.

   Depending on the class, a few students may be willing to share their "mind chatter." Encourage all students to take a personal inventory. Allow for silence so that this process can happen.

2. Discuss step 2 in creating more productive personal messages through a process called thought stopping. When we "hear" ourselves make comments that hold us back or sabotage us, we can train the brain to cry "STOP!" This technique stops the flow of negative self-talk. A person can then reprogram the self-defeating messages with the more positive, productive messages practiced earlier.

Closure

"Creating productive self-talk may sound like a simple 1-2-3 process, but it is far from that. Each step, from developing personal awareness, to practicing thought stopping, to the reprogramming of productive messages, is a continuing challenge. It is not enough to hear the process described. It takes a conscious decision on your part to make a positive change in your life—and then it takes constant effort. Those of you who have been more negative may find yourselves saying 'stop' five hundred times that first day, and your self-talk may have you believing you can't do it. Hang in there—each day gets a little easier. If you need help, look for people who have the kind of life attitude you can admire. Ask for their ideas about how to rethink a situation that looks impossible. The important thing is to begin today to make the changes you want or need. Positive self-talk is a technique people can use to develop the self-belief and motivation needed to take charge in life."

HANDOUT 6.1

Name: ____________________

Creating Productive Self-Talk

Rewrite the following statements. Create messages that are both positive and productive to replace the self-defeating ones.

1. Life just isn't fair! No matter how hard I try, something always goes wrong!

2. I'm no good at this. I never have been. Just forget it! Who cares, anyway.

3. I'm going to make a fool of myself! I know I am!

4. How could I be so stupid! That was dumb, dumb, dumb!

5. No one cares if I'm there or not! Why should I even bother to go?

Creating Productive Self-Talk (continued)

6. People are such jerks! Give them half a chance and they walk all over you.

____

____

7. There's no way I can pass that test! Why should I even waste my time studying for it?

____

____

8. I'm always late! I just can't help it!

____

____

9. My friends are going to hate me!

____

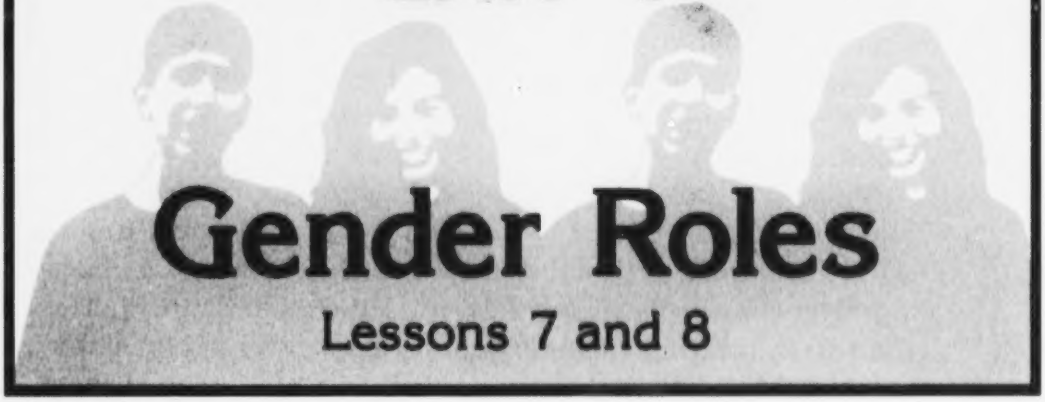
____

10. One hundred people are going to be applying for that job. I don't stand a chance!

____

____

UNIT 4



Gender Roles

Lessons 7 and 8

Teaching Goals

- To broaden understanding of the concept of sex and sexuality.
- To encourage examination of what influences gender roles, how they are changing, and how they influence life decisions.
- To encourage examination of personal attitudes and beliefs about gender roles.
- To enhance communication between teens and parents or guardians.
- To facilitate understanding about how attitudes and beliefs about gender roles affect relationships.

Teacher Background

Families have a direct influence on the development of concepts of appropriate masculine and feminine behavior, as well as the development of standards of sexual conduct. Adult family members serve as children's first sexual role models. Children are influenced by their parents' or guardians' attitudes toward one another and their perceptions of the male and female roles played by parents or guardians. Naturally, adults who feel good about themselves as men or women have a greater chance of passing these attitudes on to their children than do those whose self-concepts are poor and who communicate feelings of mistrust or misunderstanding toward their mates.

As young people mature, peer groups play an increasingly important role in influencing their attitudes and behavior. Nevertheless, most teens are still dependent on their parents or guardians, and their family values are still important. Students in secondary schools probably come from widely varying backgrounds. Their personal and family expectations regarding sexuality can differ greatly, as do religious and other moral codes. In addition, the media can have a powerful influence on teens' attitudes. How teens integrate these different influences determines their actual behavior and their ability to act on their personal beliefs.

Too often discussions of sexual responsibility have been geared toward females. This double standard needs to be addressed by explicit discussion of male sexual responsibility. To encourage the postponement of early sexual involvement, males must be made aware of their role in human reproduction and their responsibilities in relationships. Sound, factual knowledge of how male and female bodies function is vital. Helping boys learn as much as girls learn about human sexuality, pregnancy and parenthood can help them share responsibility for relationships and learn respect for others. It can help young men realize that sexual abstinence is as much in their best interests as it is for young women.

Finally, because adolescent years are formative ones, students are experiencing many internal and external pressures. These are not just the pressures from a new, maturing body, but also conventional male pressure to perform, conventional female pressure to have children, conventional male pressure to keep feelings inside, conventional female pressure to be sexy but nonsexual, etc. These pressures are also factors in high rates of unwanted pregnancy, abortion, teenage marriage, divorce and other issues of sexuality. Young people respond best when provided with a balanced, objective and realistic presentation of human sexuality.

LESSON

7

Developing and Understanding Sexual Identity

• • • • • •

Overview

Gender roles—what influences them, how they are changing, and how they influence life decisions and the concepts of sex and sexuality—are the focus of this lesson. Students participate in a lecture/discussion and activity about gender roles. Then they evaluate and justify their own conceptions of and attitudes about gender roles. As a homework assignment, students discuss gender roles with their parents or guardians.

Objectives

- Students evaluate and justify their own concepts of and attitudes about gender roles.
- Students describe the impact of gender roles on life decisions.
- Students discuss gender roles with their families.

Time

55 minutes.

Teacher Preparation and Materials

Read:

- ✔ Teaching Goals and Teacher Background for Unit 4 (Gender Roles).

Make:

- ✔ Two large signs, one saying "Agree" and the other saying "Disagree."

Copy:

- ✔ **What Is Masculinity?** (Handout 7.1), one for each student (for half the class).
- ✔ **What Is Femininity?** (Handout 7.2), one for each student (for half the class).
- ✔ **Masculine, Feminine or Both?** (Handout 7.3), one for each student.
- ✔ **As Times Change** (Handout 7.4), one for each student.

Prepare:

✔ Arrange the classroom so that students can stand in the middle and move easily to the walls where the Agree and Disagree signs will be displayed.

Learning Activity

Masculinity/Femininity

(20–30 minutes)

Introduction

"Over the past several days, we have emphasized the personal power your values, decision-making skills, and high self-esteem can give you. Today we will begin talking about sexuality. We will look at what it means to be male or female, learn about the male and female ability to reproduce, and discuss taking personal responsibility for our sexual health. Sexuality has physical, psychological and social dimensions. Our first step will be to look at the changing roles of men and women in today's society."

Procedure

1. Ask what gender roles are. Encourage students to recognize that while gender refers to the actual biological sex of individuals (i.e., whether they have the anatomy and physiology of a male or a female), gender roles refer to sets of behavior that a society determines to be appropriate for men or for women. Gender roles are what people usually mean when they say *masculine* or *feminine*. Explain to the students that in today's world many people no longer hold

clear-cut definitions of male or female roles. Instead, there are many different attitudes and beliefs about what these roles are and what they should be. Ask students to describe some of the changes that are occurring today in our ideas about masculinity and femininity.

2. After students have had an opportunity to share some of their ideas, divide the class into two to four groups depending on class size.
3. Provide half of the groups with **What Is Masculinity?** (Handout 7.1) and the other half with **What Is Femininity?** (Handout 7.2).
4. Tell students that half of them will explore issues related to males, and the other half will explore issues related to females. Ask students to discuss within their groups the questions on the handouts. A group leader should record answers for later sharing.
5. After groups have finished, lead a class discussion of their ideas. Allow about ten minutes. Ask students:
    - Do you think that boys today are being raised the same way their fathers were? If not, what are some of the things that may be different?
    - Can you name five things that men might admire in another man?
    - Do you think women admire the same things? Why or why not?
    - Do you think that girls today are being raised the same way their mothers were? If not, what are some of the things that may be different?
    - Can you name five things that women might admire in another woman?

- Do you think men admire the same things? Why or why not?

- Is there one particular way for a man or woman to lead his or her life?

- Women are choosing to enter what used to be considered men's jobs (construction, engineering, mechanics, high-level management, etc.). Are these women less feminine? Why or why not?

- Many men are choosing to enter what used to be considered women's jobs (nursing, secretarial work, teaching, homemaking). Are these men less masculine? Why or why not?

- Why do you think a woman might choose not to have children?

- Do you agree with this? Do you think more women are choosing both motherhood and a career?

- Each group was asked to look only at masculinity or femininity. Did you find yourselves talking about both? Why would this be?

6 Distribute **Masculine, Feminine or Both?** (Handout 7.3).

7. Tell students that up to this point they have been sharing ideas about maleness and femaleness. This last handout will give them an opportunity to stop and decide how they, on an individual basis, would describe masculinity and femininity. Allow approximately five minutes for students to complete the handout. Instruct the students to read the list of characteristics on the handout and decide whether each word describes a masculine trait, a feminine trait, or a trait that might be seen in both males and females. They should circle what they decide is the most appropriate response.

8. Discuss the handout. Ask students:

   - What traits did you choose as masculine? Why? Did any of you choose these as feminine?
   - What traits did you choose as feminine? Why? Did any of you choose these as masculine?
   - Why would these traits be applicable only to males? only to females? (Lead students to realize that none of the traits is exclusive to one gender and that both males and females can be ambitious, gentle, businesslike, etc.)
   - Are any traits exclusively male or female?
   - Do you think that men and women feel as if they have to act in certain ways?
   - Are our changing views of men and women for the better or the worse? Explain.

Closure

"It was important for us to take time today to focus on what it means to be a man or a woman. In the next unit we will talk about having a male or a female body; today we talked more about how we feel about men and women's places in this world. Today there are many different ideas as to what men and women should be like, how they should act, and what they should do. A lot of people are excited about having more opportunities to be the kinds of people they choose to be. The price people pay for this opportunity is confusion. It means making a lot more decisions—decisions about who you want to be, how you're going to live your life and what kinds of relationships you'll have."

Learning Activity

Where Do You Stand?

(15–20 minutes)

Introduction

"In our last discussion, we examined gender roles and some of the changes gender roles are undergoing in our society. Many of you have already shared some of your personal opinions and attitudes. Our next activity will help you continue to examine your own views on some specific gender issues. Then we will talk about how attitudes regarding appropriate male or female roles influence our life decisions."

Procedure

1. Place the Agree sign on one classroom wall and the Disagree sign on the opposite wall. Be sure there is enough room for students to move between the two signs.
2. Ask students to move to a central position between the two signs. Explain that you will be reading a series of statements regarding gender roles. After each statement, students should indicate their agreement or disagreement by moving toward the appropriate sign. The space between the signs represents a continuum. Where students choose to stand should indicate how nearly they agree or disagree with the statement.
3. Read each of the following statements and have students move to a place on the continuum. Allow a brief amount of time after each for students to explain why they believe as they do.

- Women should stay home and raise the children if they decide to have them.
- If a husband and wife both work, they should share equally in the cooking, cleaning, and childcare at home.
- Male/female relationships were easier before the women's liberation movement started.
- Women are instinctively maternal and nurturing.
- Men should hide their feelings whenever they can.
- Females should be free to ask males for a date.
- Most women do not want to be independent but want a man to take care of them.
- It is OK for women to be truck drivers, corporate presidents, and surgeons.
- It is OK for men to be homemakers, nurses and secretaries.
- It is up to the man to initiate sexual activities, but it is up to the woman to say yes or no.

4. Have students return to their seats. Discuss the following questions:

    - Did male and female opinions seem to differ significantly, or were the differences random with regard to gender?
    - Do you think differences would be greater or less if we had people of all ages sharing their opinions? Why?
    - How will your attitudes affect your life decisions? Provide some examples.
    - How do these various perspectives affect male/female relationships?

Closure

"Changing gender roles often leave us uncertain about our specific attitudes. Instead of seeing things in terms of right or wrong, appropriate or inappropriate, we tend to see things of gray with everything being relative. This can be confusing. Life circumstances can challenge our ideas. For example, many people believe that men and women should be free to choose their life paths freely, but in a marriage when a pregnancy occurs, suddenly the couple realizes that someone has to fulfill the home and childcare responsibilities. With no established roles, good communication and cooperation become critical. It is always a challenge for people to live their lives actually based on their values and attitudes. Life choices (education, career, life partner, marriage and children, lifestyle, etc.) are influenced tremendously by one's perspective on gender roles."

Homework Assignment

As Times Change

(5 minutes)

Introduction

"Your parents or guardians influence your attitudes toward appropriate male and female behavior. Because they were raised a generation before you, they may have ideas that are different from your own. By taking time to talk to them about our changing world, perhaps you can gain some additional insights. The more aware you are, the more comfortable you are about adjusting your values, attitudes and behavior to get what you want most for yourselves and to give what you want most to offer to others. If your ideas are already consistent with those of your family, talking with them can confirm or reinforce your perceptions. If your ideas are different from those of your family, it is important to try to understand and appreciate your parents' or guardians' views. They want the best for you and can often provide valuable guidance."

Procedure

1. Distribute **As Times Change** (Handout 7.4).
2. Ask students to discuss with their parents or guardians the impact of changing gender roles on each of the relationships listed. Encourage them to share their own ideas and to spend equal energy listening to what their parents or guardians have to say. Suggest that they talk through differences and question each other further. They may want to jot down a few ideas in the space provided.

Closure

"Throughout this lesson, we've emphasized the possible impact of your views on your life experiences and decisions. Please take the time to share these thoughts with your family this evening. Tonight you'll be talking about the effect gender-role perspectives have on relationships."

HANDOUT 7.1

Name: ____________________

What Is Masculinity?

Our society is changing. Our ideas about what is masculine and what is feminine also are changing. These changes are reflected in varying degrees throughout our political, economic and social lives. On a more personal level, they are reflected in the attitudes and beliefs each of us has about what it means to be a man or a woman. The following questions will help identify some of your ideas about what is masculine.

Questions

1. Do you think boys are being raised the same way their fathers were? If not, what are some things that are different? What do you think and feel about some of these differences?
2. What characteristics do men most admire in other men? Do you think that women admire the same things about men? Why or why not? What are some things that women admire in men? What do you think/feel about these similarities/differences?
3. Many men today are choosing jobs that used to be considered women's work (e.g., nurses, teachers, secretaries, homemakers). Are these men any more or less masculine because of the jobs they choose? What do you think and feel about these changing job roles?
4. Is there an ideal or one particular way for a man to lead his life?

Name: ____________________

What Is Femininity?

Our society is changing. Our ideas about what is masculine and what is feminine also are changing. These changes are reflected in varying degrees throughout our political, economic and social lives. On a more personal level, they are reflected in the attitudes and beliefs each of us has about what it means to be a man or a women. The following questions will help identify some of your ideas about what is feminine.

Questions

1. Do you think girls are being raised the same way their mothers were? If not, what are some things that are different? What do you think and feel about some of these differences?
2. What characteristics do women most admire in other women? Do you think that men admire the same things about women? Why or why not? What are some things that men admire in women? What do you think/feel about these similarities/differences?
3. Many women today are choosing jobs that used to be considered men's work (e.g., doctors, lawyers, construction workers, engineers, mechanics). Are these women any more or less feminine because of the jobs they choose? What do you think and feel about these changing job roles?
4. Is there an ideal or one particular way for a woman to lead her life?

Name: ____________________

Masculine, Feminine or Both?

There are some character traits that apply to both men and women, while there are other characteristics that many people reserve for only one gender. Read the list below and decide if each word describes a masculine trait, a feminine trait, or a trait that could be seen in both men and women. Check *Masculine, Feminine* or *Both* as you think they apply to the traits.

	Masculine	Feminine	Both
Affectionate	☐	☐	☐
Physically strong	☐	☐	☐
Emotional	☐	☐	☐
Businesslike	☐	☐	☐
Understanding	☐	☐	☐
Ambitious	☐	☐	☐
Gentle	☐	☐	☐
Moody	☐	☐	☐
Athletic	☐	☐	☐
Cries in sad situations	☐	☐	☐
Takes control of situations	☐	☐	☐
Good decision-maker	☐	☐	☐
Independent	☐	☐	☐
Competitive	☐	☐	☐
Jealous	☐	☐	☐
Caring	☐	☐	☐
Flirts	☐	☐	☐
Sympathetic	☐	☐	☐
Manipulative	☐	☐	☐
Intuitive	☐	☐	☐

Name: ____________________

As Times Change

Our ideas about what it means to be a man or a woman have changed much over time. As concepts about masculinity and femininity change, so do our ideas about appropriate behaviors and roles for the two genders. The impact of our changing times on relationships is often overlooked.

Please discuss each of the following issues thoroughly with your parent or guardian. Take time to talk through differences of opinion and to ask questions about each other's ideas.

What impact do changing gender roles have on the following relationships?

- Self-esteem (a person's own sense of self-worth and confidence)

____

____

____

- Same-sex friendships

____

____

____

- Parent/child relationships

____

____

____

- Male/female relationships (dating and/or marriage)

____

____

____

LESSON 8

He's No Hero

Overview

This lesson focuses on confusion and anxiety associated with stereotypes of gender roles. Consequences of conforming with peer pressure are addressed, and ways to resist pressures to be sexually active are presented. Students view and discuss a video in class. In preparation for the next lesson, students complete a homework assignment in which they discuss male reproductive anatomy and physiology with their parents or guardians.

Objectives

- Students will identify pressures to be sexually active.
- Students will describe how young people can resist pressures to be sexually active.
- Students will analyze traditional and alternative male roles in the areas of behavior, self-image and society.

Time

55 minutes.

Teacher Preparation and Materials

Have:

- ✓ Video "He's No Hero: Male Responsibility" and a VCR for showing it.

  Note: "He's No Hero: Male Responsibility" is available from ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; (800) 321-4407, fax (408) 438-4284.

Copy:

- ✓ **Lyrics to "He's No Hero"** (Handout 8.1), one for each student.
- ✓ **Male Reproductive Anatomy and Physiology Terminology** (Handout 8.2), one for each student.
- ✓ **Male Reproductive System** (Handout 8.3), one for each student.

Homework/Discussion

As Times Change Wrap-Up

(5–10 minutes)

Introduction

"Yesterday you were asked to spend some time talking with your families about the impact of changing gender roles on various relationships. Let's discuss the assignment."

Procedure

1. Ask students:
    - Had you thought about the issues you discussed before last night?
    - Were you surprised by any of your own or your family's ideas?
    - How do changing gender roles affect self-esteem?
    - How do they affect same-sex friendships? parent/child relationships? male/female relationships?
    - Did age differences seem to make a difference in your and your family member's ideas?

Conclusion

"The impact of changing gender roles is far-reaching. Awareness of the changes, as well as awareness of the impact of these changes, can be a useful aid to making clearer, wiser life decisions."

Video/Discussion

He's No Hero

(40 minutes)

Introduction

"Today we are going to watch a video that examines an often overlooked subject, the role of males in responsible sexual decision making. The video focuses on peer pressure, stereotypes and the problems teens can have in developing positive relationships with the other sex."

Procedure

1. Show the video "He's No Hero." The video is 18 minutes long.
2. Begin a class discussion using the following questions and comments to review and develop important themes of the video.
   - What is a stereotype? (Begin to create a list of stereotypes about men and women, using student examples.)
   - Did anyone in the video act in a stereotypical way? Who?
   - How do you feel when you see males act in stereotypical ways?
   - What are some stereotypes about men you hear and see in our society? (Some examples might be that men don't have feelings; men don't cry; men are always independent; men don't need women; men are sexually knowledgeable; men score whenever they can; men are interested only in sex; men must be in control.)

- Do these stereotypes make it easy or difficult to choose sexual abstinence without fear of ridicule?
- Where do these images come from?
- How strongly do these preconceptions affect males? (Encourage students to be specific.)
- Do you think many male stereotypes are examples from the extreme end of a behavioral continuum?

3. Distribute the **Lyrics to "He's No Hero"** (Handout 8.1). Ask students:

   - When JC wrote the lines of the second verse, about whom was he writing? What do you think he was trying to say?
   - We saw that power and control were very important to David. How much power and control do you think he has now?
   - Do you remember the comment made by the girl in the video that David might be afraid of what's going on? What do you think? How is David hiding his fear? Why?
   - Stereotypes can cause anxiety and confusion, but many young men feel the pressure to conform. David represents one stereotype. How do you feel about the cultural pressures to conform to these stereotypes?
   - What are the "rules of the game" when it comes to being male?
   - How does this traditional attitude hinder an adolescent's choice to be sexually abstinent?

Encourage an exchange of feelings, thoughts and attitudes as students explore how stereotypes affect young people's lives. Ask students:

- Do you think stereotypical attitudes influence dating or sexual situations? hanging out with your friends? schoolwork? plans for the future?
- Do boys treat girls differently when with their male friends than when alone with a girl? Why?
- JC writes in the third verse, "Boys will talk the victories/ Learn to lie, learn to please." What does JC mean by these lyrics? When males ask each other about "scoring," is any harm done by this?

Encourage students to realize how these ideas are more hurtful than helpful to both sexes. Lying about your sexuality in order to be "accepted" hurts you and the person you are lying about.

Direct these questions toward the boys:

- Have you ever felt you had to lie about sex? What was the situation?
- What are some ways you could have handled the situation differently?
- How difficult is it for males who choose to be abstinent?
- What strategies could you use to cope with the pressure to conform to stereotypes?

4. Reinforce that abstinence is a value, a choice and a lifestyle for sexual decision making during adolescence. Explain that honesty, respect and integrity are also values that govern our behavior and our decision making. Important decisions often get made under pressure. It is important to recognize the pressures that affect us. Besides peer pressure, ask about other sources of pressure and stereotypes that exist in our culture.

Emphasize the pressure exerted by advertising, movies, media, music, families and friends, and even sexual desire. Ask students to brainstorm some other decisions that can get complicated because of these pressures. In the video, at what point could Liz and David have made decisions that would have changed the outcome of their situation? Encourage a recognition of how choosing sexual abstinence would have eliminated the threat of an unplanned pregnancy from the very start of Liz and David's relationship.

5. Refer to the song lyrics again. Point out the line about being "willing to pay the price in the real world, baby, the real world." What does JC mean? What is the price David is paying now? Encourage students to realize other consequences of sexual decisions made under pressure or by allowing oneself to be swept away, or because of conforming to a stereotype. Sexually transmitted disease, including HIV/AIDS, is a "real-world" price, as are loss of self-esteem and a bad reputation. Ask: "How you would feel if you were David right now? Or Liz? What kind of peer pressure is affecting David at this point?"

   Explain that values play a vital role in decision making. Sexual abstinence is a value. Young people who have already set personal limits or boundaries act in more responsible ways and make active decisions regarding their personal behavior instead of remaining passive and allowing others to direct their behavior. Ask students what they think will happen to David and Liz. Ask for volunteers to suggest an ending for the video.

Closure

"Our focus today has been on the role of young men in responsible sexual decision making. The video and our discussion provided a starting point for young men to begin to talk about society's and peers' expectations of them and to create strategies for coping with pressures to conform to stereotypes. Young men are also affected by the legal and emotional consequences of early sexual involvement. We must learn how to break old, limiting stereotypes for both males and females and to create more positive and balanced gender roles."

Homework Assignment

Male Reproductive Terminology

(5 minutes)

Introduction

"Tomorrow we will begin our examination of male reproductive system. Because using correct or dictionary terms to identify specific body parts and their functions is important, I'm going to ask you to get acquainted with these terms tonight. I'd like you to complete this assignment with your parents or guardians."

Procedure

1. Distribute **Male Reproductive Anatomy and Physiology Terminology** (Handout 8.2) and **Male Reproductive System** (Handout 8.3).
2. Have students, as a group, read each term aloud. Ask them to read the terms aloud again as they go over the handouts at home with their families. Explain that they are to match the terms for the external and internal sex organs with the

diagram. Encourage them to utilize their parents' or guardians' knowledge as a resource for answering any questions they may have. This can provide a good opening for further family communication about sexuality.

Closure

"Becoming a man or a woman is a complicated process. The better you understand the changes that your body is experiencing and that these changes are normal and others are experiencing the same things, the more readily you will begin to accept and understand yourself."

Name: ____________________

Lyrics to "He's No Hero"

Put your hand into the fire,
Feel the rush of pure desire,
Say you're willing to pay the price,
In the real world, baby, the real world.

He's a king, he's in demand,
And he loves to deal from the upper hand.
One by one the beauties fall,
It's give and take, but he don't give at all.
He's no hero.

Boys will talk the victories,
Learn to lie, learn to please.
When the girl, she comes around,
She ain't looking for the pain she found.
Sometimes passion turns to poison.

Put your hand into the fire,
Feel the rush of pure desire.
Look like diamonds in her eyes,
Don't you know it's the only prize.
In the real world, in the real world.

Name: ____________________

Male Reproductive Anatomy and Physiology Terminology

External Sex Organs

Penis
    Glans
    Shaft

Scrotum

Internal Sex Organs

Testes

Epididymis

Vas deferens

Urethra

Prostate gland

Seminal vesicles

Cowper's glands

Other Terms

Testosterone

Semen

Erection

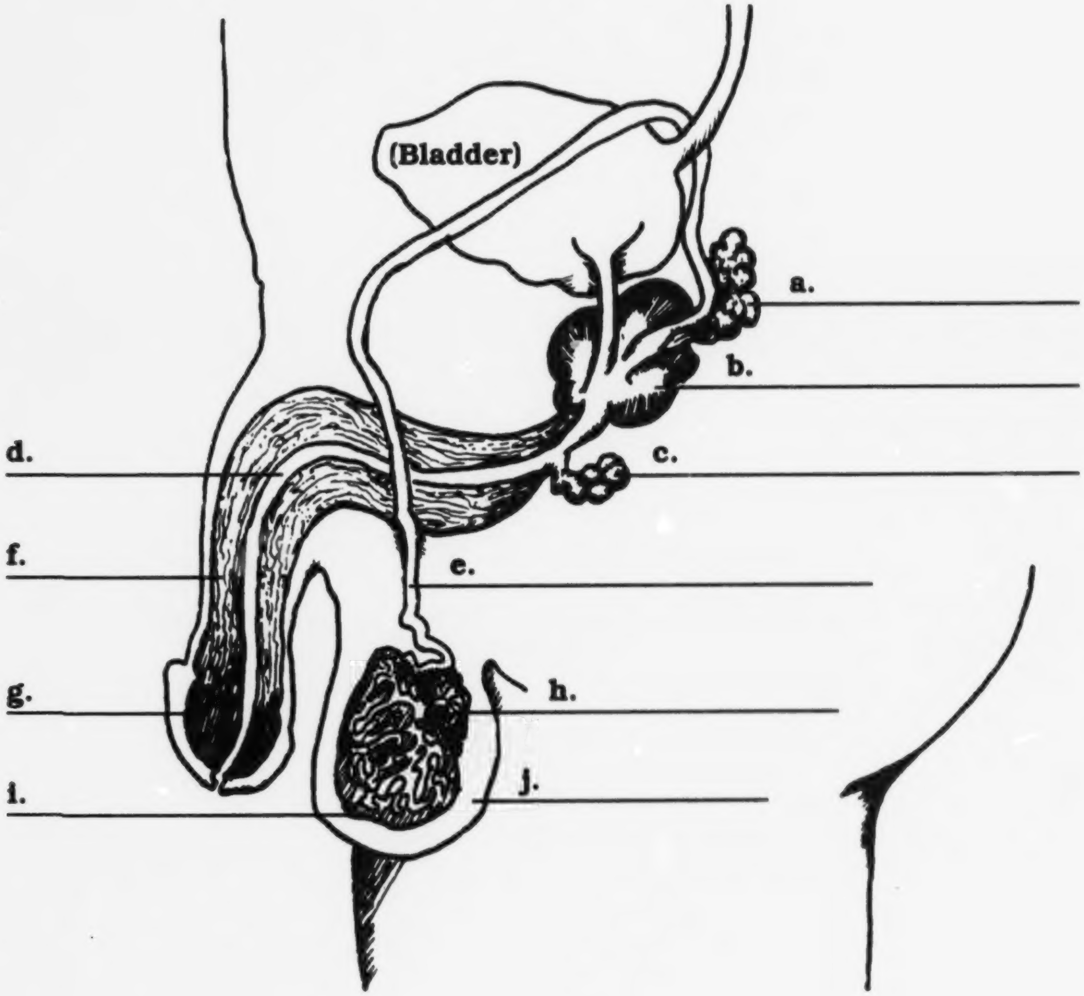
Ejaculation

HANDOUT 8.3

Name: ____________________

Male Reproductive System

Fill in the blank next to each letter with the name of this part of the male reproductive system.



Male Reproductive System (continued)

Identify the organ that corresponds to each of the following functions by writing the appropriate letter in the blank.

____ 1. Glands that produce the fluid (semen) to carry the sperm out of the male's body.

____ 2. A gland at the base of the bladder that produces most of the seminal fluid in the male.

____ 3. Glands which produce a clear, sticky fluid when the male is sexually excited.

____ 4. Organ which allows the male to pass urine and semen from his body; organ which enters the female's body during sexual intercourse.

____ 5. Passageway through which urine and semen leave the penis.

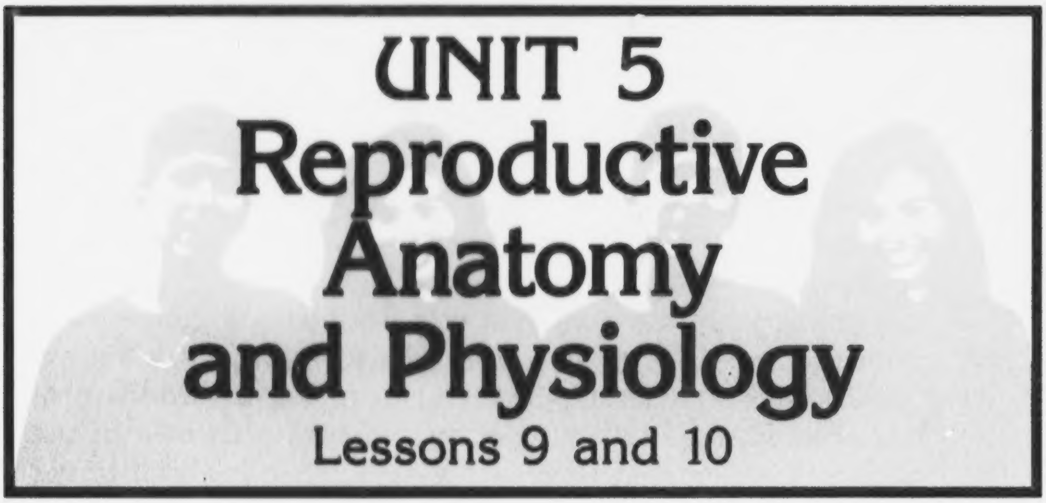
____ 6. Glands that produce sperm and the male sex hormone (testosterone).

____ 7. Pouch of skin that holds the testes and controls temperature for sperm production.

____ 8. Passageway for the sperm.

____ 9. Coiled tube system in which sperm mature.

____ 10. The head or end of the penis; filled with highly sensitive nerve endings.



UNIT 5
Reproductive Anatomy and Physiology
Lessons 9 and 10

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Teaching Goals

- **To increase students' knowledge of the physiological changes that occur during puberty.**
- **To increase students' knowledge of male and female reproductive anatomy and physiology, including conception.**

Teacher Background

The purpose of this unit is to give students clear information about the biological dimensions of sexuality—what most people think of first when the term *sexuality* is mentioned. This dimension involves physical appearance, responses to sexual stimulation, ability to reproduce, and growth and development in general. The primary source of sexuality information for most young people today is their peers. Teens need more accurate, factual information about reproductive anatomy and physiology that can reduce misunderstanding and help them gain the insight needed to make responsible decisions.

Adolescence is a time of major changes, both physical and emotional. Teens become capable of reproduction while their emotions and ability to reason are still developing. The physical changes are a normal and necessary part of the growing process, and teens need to learn to accept the responsibility for knowing what is happening in their bodies. Learning to understand and respect their reproductive capability helps students realize that becoming a parent is a decision to be made much later in their lives.

Choosing a sexually abstinent lifestyle during adolescence gives students more personal freedom and time to define who they are and who they want to become.

LESSON 9

Male Reproductive Anatomy and Physiology

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Overview

This lesson focuses on male reproductive anatomy and physiology. Students learn about the changes a boy goes through to become an adult male; the correct names, pronunciations and definitions of the parts of the male reproductive system; and the importance of male responsibility in reproduction.

Students listen to a lecture, participate in discussion and complete a handout identifying male reproductive anatomy and physiology. In preparation for the next lesson, students complete a homework assignment in which they discuss female reproductive anatomy and physiology with their parents or guardians.

Objective

- Students will identify the parts of the male reproductive system.

Time

50 minutes.

Teacher Preparation and Materials

Read:

- ✔ Teaching Goals and Teacher Background for Unit 5 (Reproductive Anatomy and Physiology).
- ✔ **Male Reproductive Anatomy and Physiology *Teacher Background Information*** (located at the end of this lesson).
- ✔ **Male Reproductive System *Key*.**

Make:

- ✔ **From Child to Adult** (Transparency 9A)
- ✔ **Parts of the Male Reproductive System** (Transparency 9B).
- ✔ **Male Reproductive System** (Transparency 9C)

Copy:

- ✔ **From Child to Adult** (Handout 9.1), one for each student.
- ✔ **Female Reproductive Anatomy and Physiology Terminology** (Handout 9.2), one for each student.
- ✔ **Female Reproductive System** (Handout 9.3), one for each student.

Homework/Discussion

Male Reproductive Terminology Wrap-Up

(5 minutes)

Introduction

"At the end of yesterday's class, I asked you to take home two handouts on the male reproductive system and to share these with your families."

Procedure

1. Discuss the homework. Ask students:
   - Did you know more of the terms than you thought you did?
   - Did your parent or guardian help you identify the parts of the reproductive system?
   - Did you both learn something new?
   - What questions do you have today?
   - Did you find this assignment embarrassing? Did your parent or guardian?
   - If so, how can such embarrassment be overcome when discussing sexual issues in the future?

Closure

"Becoming knowledgeable about the dictionary terms for our bodies and learning how our bodies function can help us act more responsibly. It can also correct any misinformation we may have had, and help us feel more confident and comfortable about ourselves and others."

Lecture/Discussion

Male Reproductive Anatomy and Physiology

(35 minutes)

Introduction

"In addition to the many emotional changes happening during adolescence, major physical changes are taking place. Today we're going to examine these changes from the male perspective. Can anyone tell me why we might choose to begin with the male reproductive system?" (The male reproductive system is simpler than the female reproductive system.) "Adolescence is an exciting yet often frustrating time. The changes you go through are normal and a necessary part of the growing process. Another part of growing up is to accept the responsibility for knowing what is happening to your body."

Procedure

1. Ask students what external changes a boy goes through as he becomes an adult male. Place **From Child to Adult** (Transparency 9A) on the overhead projector. Allow only the male side of the transparency to be visible. Have students note the increase in height and weight, thickening of the musculature, broadening of the shoulders, development of body hair (facial hair, underarm hair, chest hair and pubic hair), change in skin tone, maturing of the

reproductive system, functioning of apocrine sweat glands and deepening of the voice. Emphasize that each body sets its own individual pace, that there are as many different rates of development as there are people. Whenever the changes occur, that's when it is normal for that young person. Family genetics play a great role in how tall we become, how much weight we'll carry, etc.

Explain that as one progresses through the various changes, changes must take place in *hygiene* as well (e.g., thorough and frequent washing of face, hair, underarms, and genital area; use of deodorant, etc.). Once this discussion is complete, distribute **From Child to Adult** (Handout 9.1).

2. Begin a lecture/discussion of the male reproductive system. (In conjunction with the handouts and transparencies, use the Teacher Background Information on **Male Reproductive Anatomy and Physiology** provided at the end of the lesson to help guide your presentation.)

   Using the **Parts of the Male Reproductive System** (Transparency 9B), identify the anatomy of the male reproductive system and explain its physiology. Include explanation of the following terms:

   - Penis—the male sexual organ. It is used for sexual intercourse as well as for the elimination of urine from the body. The highly sensitive end or head of the penis is called the *glans*.
   - Erection—when the penis increases in size and becomes upright and stiff.
   - Ejaculation—the release of semen from the penis.
   - Semen—the fluid expelled from the body during ejaculation. It contains millions of sperm in a fluid that contains nutrients for the sperm.

- Seminal vesicles—glands that produce the fluid (semen) to carry the sperm out of the male's body.
- Testes (testicles)—(*Testis* or *testicle* is the singular. *Testes* or *testicles* is the plural). This is where the sperm cells and the male hormone, testosterone, are produced. The testes are located in the scrotum (sometimes called the scrotal sac).
- Scrotum (scrotal sac)—the pouch or sac of skin which contains the testicles.
- Epididymis—the place where sperm mature and are stored.
- Sperm—the male sex cells which are capable of fertilizing an egg.
- Vas deferens—the two tubes through which sperm travel after leaving the epididymis on their way to the urethra.
- Urethra—the tube that runs through the penis through which urine and semen leave the body. When semen leaves the body (ejaculation), a valve at the entrance to the bladder prevents urine from entering the urethra.
- Prostate gland—a gland that secretes a clear fluid which makes up about one third of the fluid in an ejaculation. The fluid from the prostate provides nourishment to the sperm on their journey through the female reproductive tract.
- Cowper's glands—glands that produce a clear sticky fluid when the male is sexually excited.

Other topics of interest such as nocturnal emissions (wet dreams) may be introduced and discussed as well.

3. After this presentation, place **Male Reproductive System** (Transparency 9C) on the overhead projector. This drawing does not have the anatomical parts labeled. Ask students as a group to recall and repeat the names of the anatomical

parts just discussed. This lets all students know, in a nonthreatening way, that they know the correct words and that they can pronounce them correctly. It also gets them to say the words. It is helpful to acknowledge that there are many slang terms for the reproductive parts of the body, but that many of these terms carry negative connotations and do little to foster mutual respect between the sexes.

4. Ask students to bring out the handout **Male Reproductive System** (Handout 8.3) from the previous lesson. (If some students didn't bring the handout back to class or lost it, provide a new handout for them.) Give students a few minutes to check their work on the handout, labeling the body parts and then matching the letter of the body part with its appropriate definition.

   When everyone has finished, review the handout so that students can verify their work. (An answer key is provided.) The completed handouts should be kept in the students' notebooks. Encourage students to ask questions (or use the anonymous question box) when they don't understand something or want to know more. Remind students of the video "He's No Hero." Emphasize the importance of male responsibility in reproduction.

Closure

"Today we have discussed the parts and functions of the male reproductive system. As we progress to the female reproductive system in the next lesson, we will learn how the two systems together are responsible for human reproduction."

Homework Assignment
Female Reproductive Terminology
(10 minutes)

Introduction

"Next, we will begin our study of the female reproductive system. It is a little more complicated than the male's because it is within the female's body that conception, pregnancy and childbirth take place. Once again, I want you to share this material with a parent or guardian."

Procedure

1. Distribute **Female Reproductive Anatomy and Physiology Terminology** (Handout 9.2) and **Female Reproductive System** (Handout 9.3).
2. Have students, as a group, read each term aloud. Ask them to read the terms aloud again as they go over the handouts at home with their families. Explain that they are to match the terms for the external and internal sex organs with the diagram. Encourage them to utilize their parents' or guardians' knowledge as a resource for answering any questions they might have. This creates an opportunity for families to share information and increase communication.

Closure

"Increasing understanding is the first step in accepting responsibility. The need for mutual respect and understanding becomes even more important as young men and women mature and intensify their interactions with one another."

Male Reproductive Anatomy and Physiology

Teacher Background Information

The Reproductive System

There are three parts to the male reproductive system.

1. **The Testes:** The *testes*, or *testicles*, are a part of the external sex organs. They produce the male hormone, *testosterone*. When puberty begins, a chain reaction occurs, starting with a signal from the hypothalamus, pituitary and pineal glands to the testicles to begin production of testosterone. Testosterone triggers the common changes of adolescence such as enlargement of genital organs, growth of pubic hair and deepening of the voice. This maturity in turn signals production of sperm cells. A male is then capable of impregnating a female if a sperm is united with an ovum, or egg.

   The testes are located in a wrinkled-looking pouch called the *scrotum*, which hangs under the penis. The scrotum controls the temperature of the testes. In a large percentage of males, one testis hangs somewhat lower than the other. The biological reason for this is to prevent constant friction from the legs (which would occur if the testes were hanging side by side). The temperature in the testes is about six degrees below body temperature, the best temperature for producing sperm. In warm weather, the scrotum becomes somewhat larger and limp, thereby exposing a larger skin area to cool it. In cold weather, the scrotum contracts to conserve heat. The testes are very sensitive to pressure or to being hit.

2. **The Internal System:** The sperm cells are produced in a series of tiny chambers within the testes, the seminiferous tubules, that store and transport sperm. The *epididymis* is

a long, tightly coiled canal that lies over each testis. As sperm is produced, it passes through two fine tubes, one from each testis, called the *vas deferens*, a continuation of the epididymis. The vas deferens carries the sperm from the scrotum to the abdominal cavity. The vas deferens continues upward along the top of the bladder, loops over the ureter, and turns downward to where it reaches the base of the bladder and joins the excretory duct of the seminal vesicle, forming the ejaculatory duct.

The *seminal vesicles* secrete a milky, alkaline fluid that combines with the sperm. After passing through the seminal vesicles, the vas deferens also goes through the *prostate gland*. The prostate lies against the bottom of the bladder; it secretes more fluid, which, combined with the fluid from the seminal vesicles, carries the sperm. This seminal fluid, or *semen*, also nourishes the sperm. Semen is composed of proteins, citric acid, calcium, fats and some enzymes. The vas deferens then joins with the *urethra*, which becomes the passage for the sperm to the outside of the body through the penis. The *Cowper's glands* are connected to the urethra. During sexual arousal these glands produce a fluid that helps cleanse the urethra in preparation for the semen.

3. **The Penis:** The third part of the male reproductive system is the external sex organ, the *penis*. The penis is made up of spongy erectile tissues with large blood vessels. There is a constant flow of blood in and out of the penis. Most of the time the penis is soft and limp, averaging in size from three to four inches long and one and one-quarter inches in diameter in the mature male. Males are born with a *prepuce* or *foreskin* that covers the head, or *glans*, of the penis. Removal of the foreskin, a procedure performed on many males, is called *circumcision*. The entire penis is highly sensitive, particularly the glans.

   When a male becomes sexually excited, the blood flow out of the penis stops and the blood vessels expand, bringing more blood into the penis. Valves in these veins retain this blood under pressure, causing the spongy walls of the penis to expand and become stiff. This is called an *erection*. The skin of the penis is loose to allow for this expansion during erection. An erect penis is about five to seven inches long, and one and one-half inches to two inches in diameter.

Sexual excitement may result in an *orgasm*, where the seminal fluid leaves the penis in a series of throbbing spurts known as *ejaculation*. The amount of ejaculate usually averages about one teaspoon; it is composed mostly of secretions from the prostate gland and seminal vesicles. Each ejaculation contains from 150 million to 600 million sperm. Sperm comprise less than 2 percent of the total ejaculate.

Sperm

Sperm are the male reproductive cells. Sperm cells are so tiny that 400 million of them could fit on the head of a pin. A male's testicles can produce 200 million or more sperm cells a day.

The sperm are much smaller than the female eggs. They have a head and a tail and they resemble tadpoles. When ejaculated during sexual intercourse, they swim through the woman's vagina into the uterus through the cervix and on up into the fallopian tubes. Sperm can live for six to eight hours in the vagina, but once they enter the uterus and fallopian tubes, they can live for three to five days. They usually reach the tubes within an hour and 15 minutes after ejaculation.

As the sperm reach the top of the uterus, approximately half go into each fallopian tube. The sperm must swim against strong currents set up by the cilia in the fallopian tubes that are drawing the egg down toward the uterus. Of the several hundred million sperm that were ejaculated, only several hundred ever reach the egg. The egg must be totally surrounded by sperm in order to be fertilized, but only one sperm is able to penetrate it. The remaining sperm are absorbed by the woman's body.

Common Experiences of Males

Erection: The penis is composed of three spongy canals that fill with blood and make the penis larger and stiffer. During an erection, the penis gets hard and stands out stiffly from the body, which is necessary for the penis to enter the vagina during sexual intercourse. Erections begin to happen from the time of birth and continue through old age.

Many boys worry that they will urinate during an erection; but when they become knowledgeable about their anatomy and physiology, this is no longer a concern. The spongy cells of the penis that fill with blood during erections extend into the body. When the penis is fully erect, the pressure of the congested blood causes the spinal reflex muscles at the base of the bladder to tighten and seal the urethra so no urine can enter. This prepares the urethra to ejaculate semen. When the erection is over, the congestion of blood decreases, allowing the muscles to relax and the male to urinate. This process can be damaged or weakened by injury, surgery or infection in the genital area.

During puberty erections can be caused by:

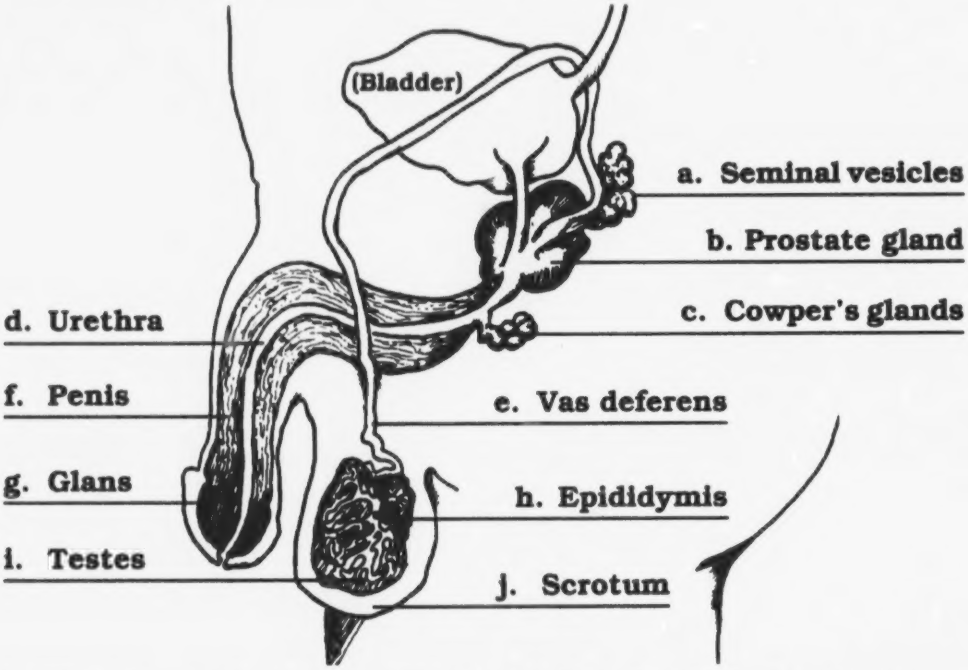
- any sexual stimulation (pictures, television, books, thoughts)
- other common events such as lifting heavy loads; straining to move bowels; dreaming (Seminal or nocturnal emissions—wet dreams—are a normal occurrence during puberty.); exposure to cold; tight clothing; fright; excitement; taking a shower; waking up with a full bladder
- nothing apparent (a major cause of embarrassment)

Ejaculation: During sexual excitement and stimulation, the sperm are moving from the epididymis in the testes up to the ejaculatory ducts through each vas deferens. This stimulation sends nerve impulses to the ejaculatory center of the spinal cord. There are then contractions in the muscles surrounding the ejaculatory duct and urethra. As this phase reaches a peak level, the sperm, along with the fluids from both seminal vesicles and the prostate that form semen, are expelled from the penis, accompanied by a pleasurable feeling and followed by overall relaxation. Before puberty, a male may have the pleasurable feeling but will not have seminal fluid come out of the penis.

Male Reproductive System

Key

Label the parts of the male reproductive system.

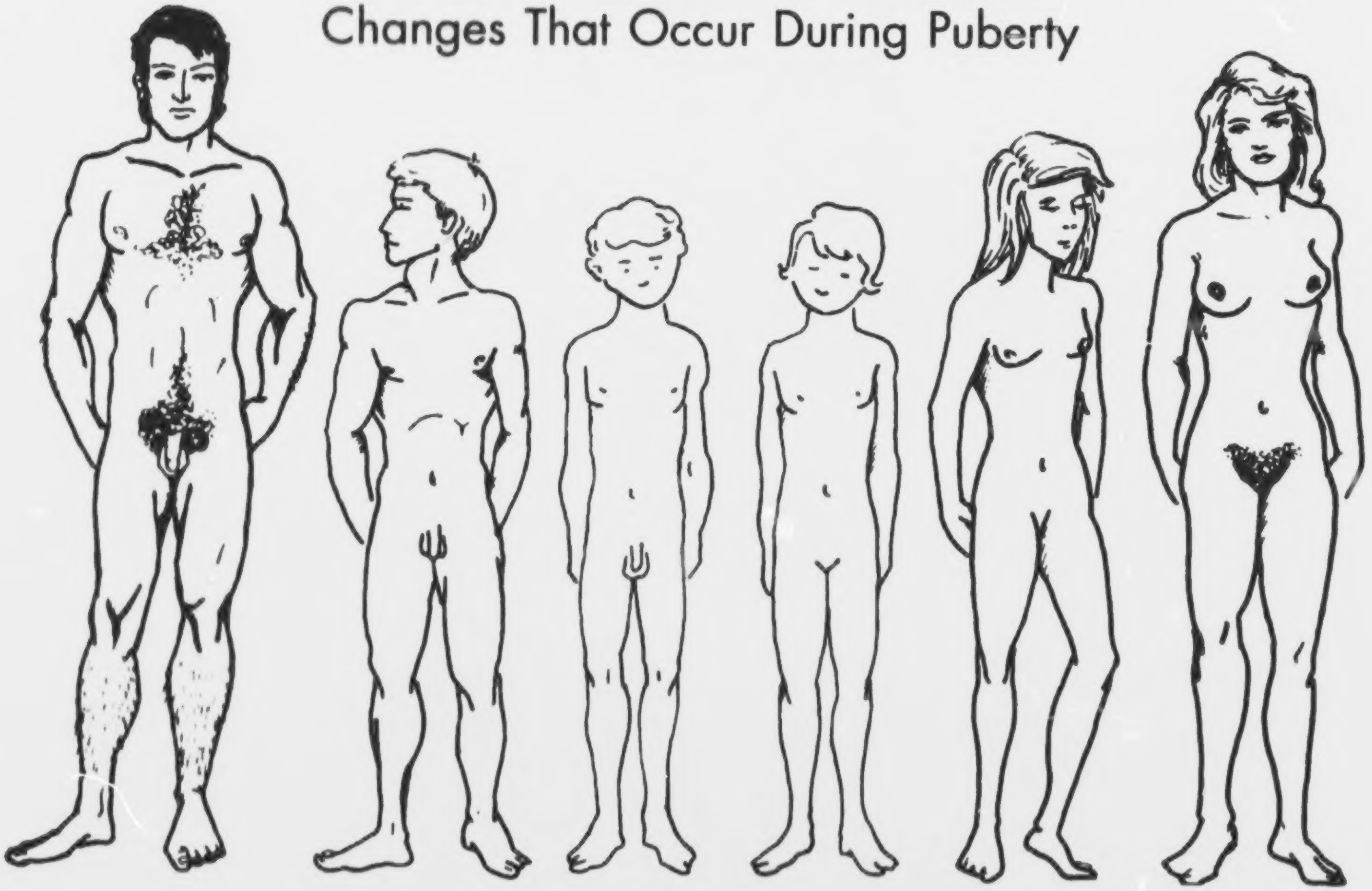


Identify the organ that corresponds to each of the following functions by writing the appropriate letter in the blank.

a 1. Glands that produce the fluid (semen) to carry the sperm out of the male's body.
b 2. A gland at the base of the bladder that produces most of the seminal fluid in the male.
c 3. Glands which produce a clear, sticky fluid when the male is sexually excited.
f 4. Organ which allows the male to pass urine and semen from his body; organ which enters the female's body during sexual intercourse.
d 5. Passageway through which urine and semen leave the penis.
i 6. Glands that produce sperm and the male sex hormone (testosterone).
j 7. Pouch of skin that holds the testes and controls temperature for sperm production.
e 8. Passageway for the sperm.
h 9. Coiled tube system in which sperm mature.
g 10. The head or end of the penis; filled with highly sensitive nerve endings.

From Child to Adult

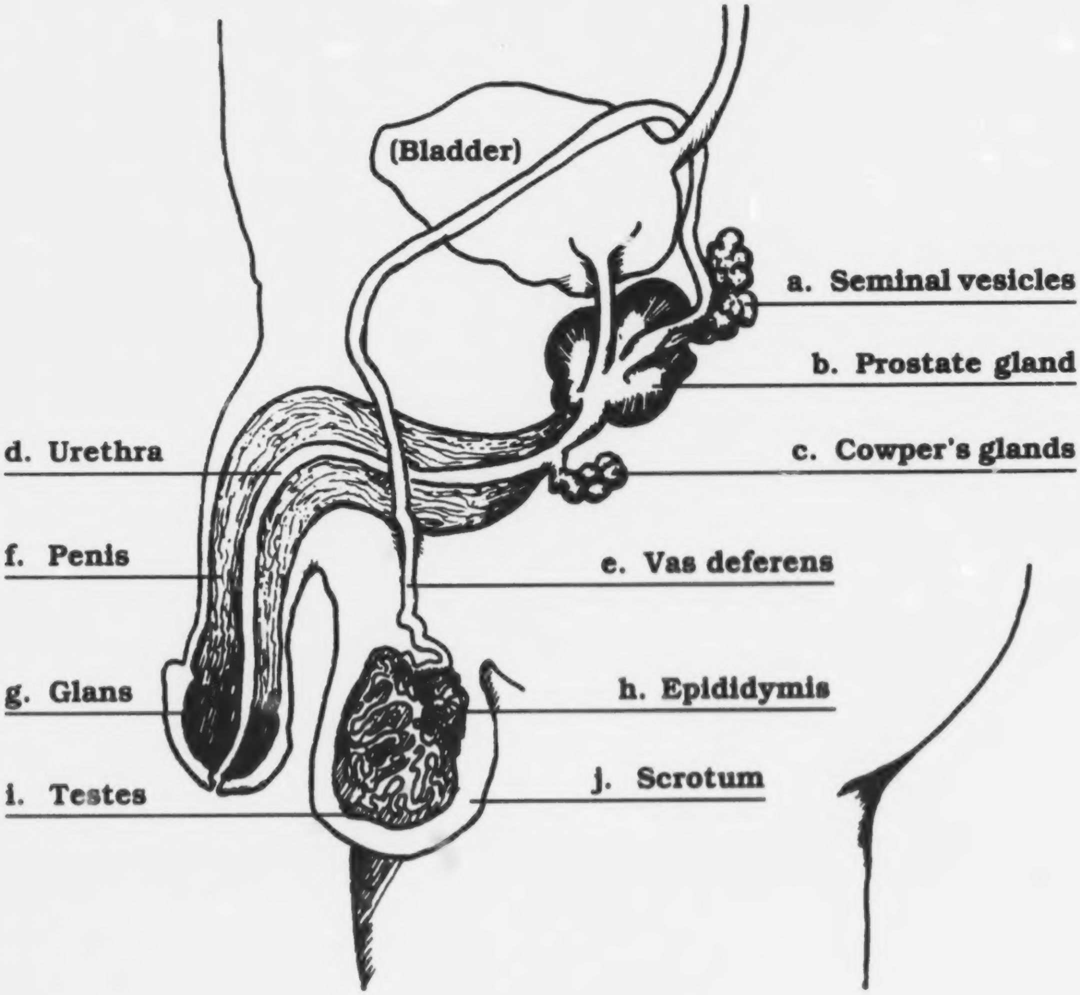
Changes That Occur During Puberty



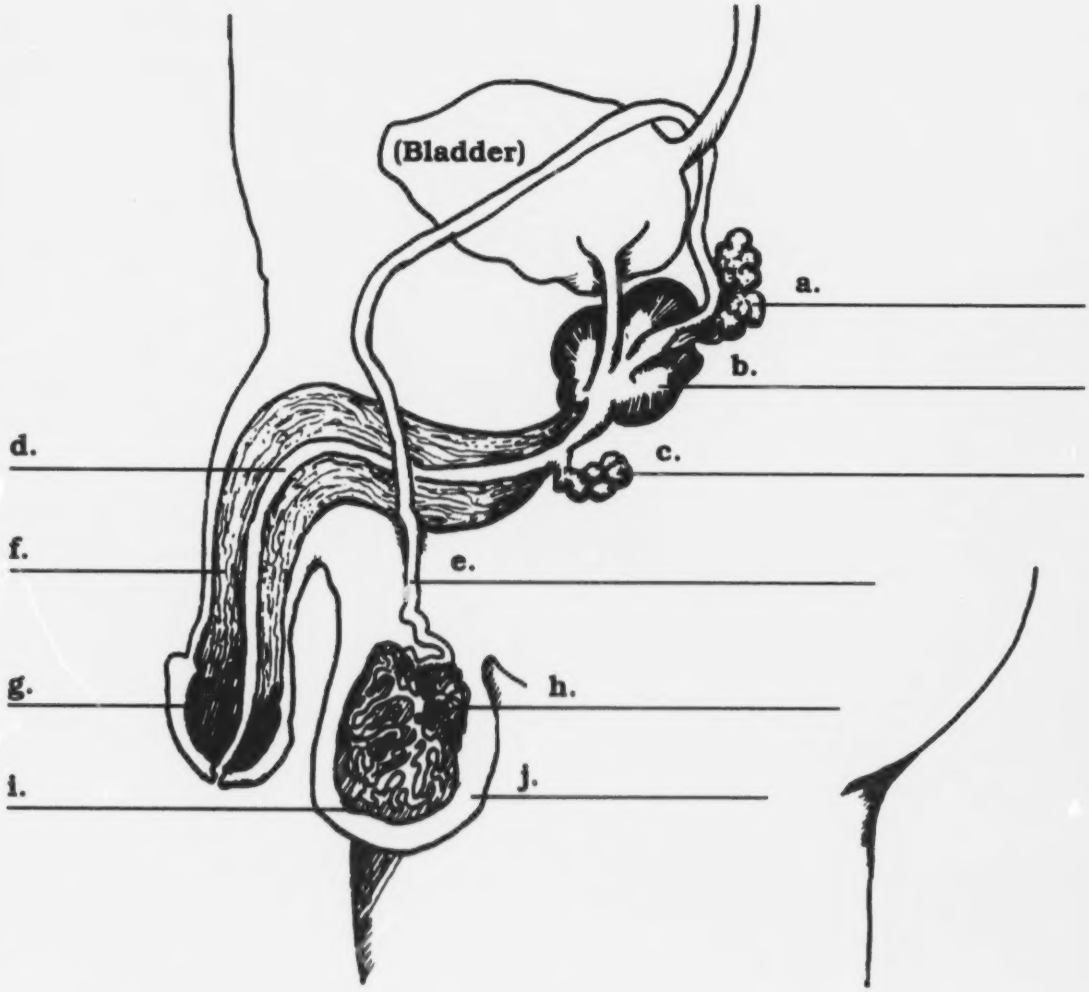
TRANSPARENCY 9A

TRANSPARENCY 9B

Parts of the Male Reproductive System



Male Reproductive System



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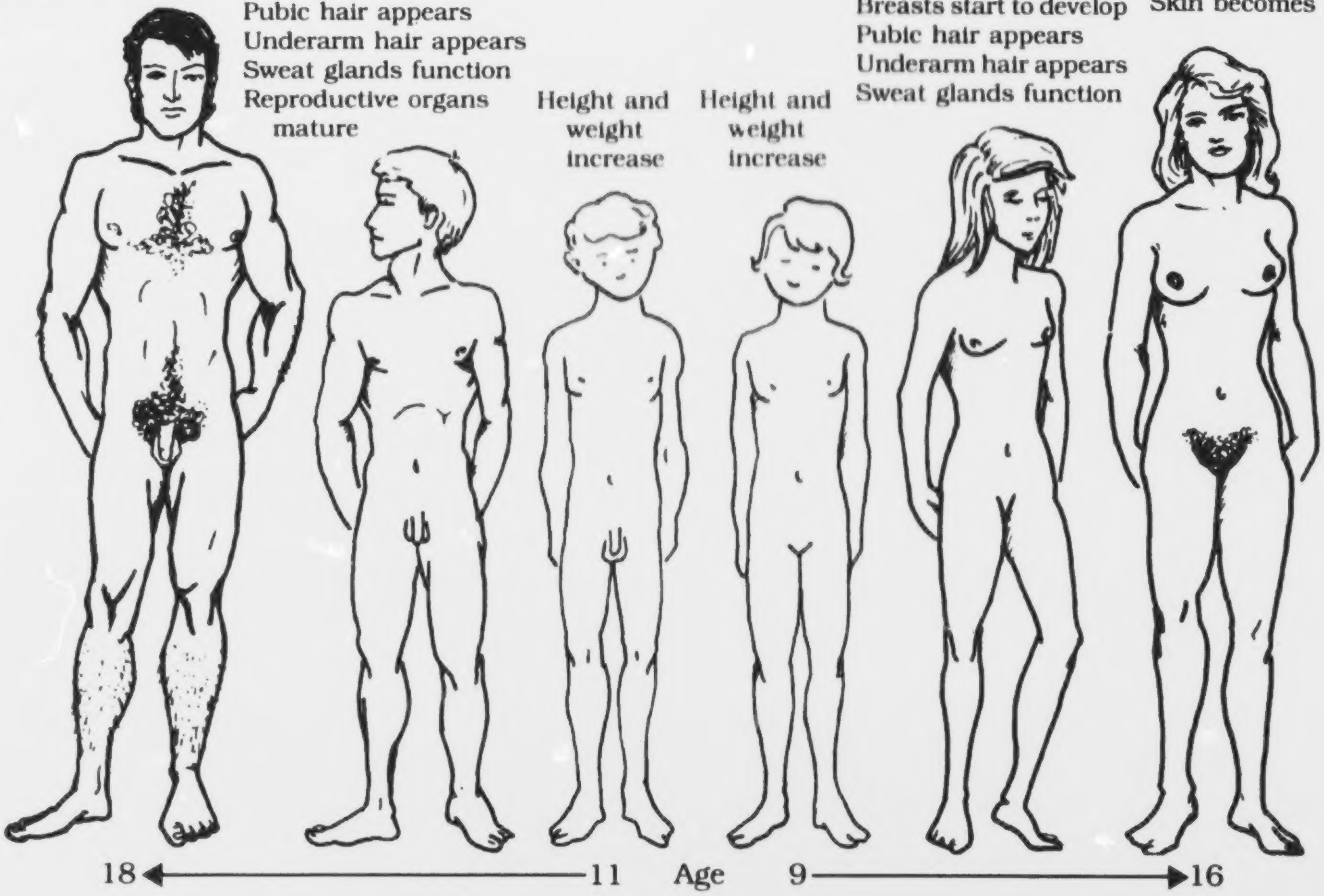
HANDOUT 9.1

Name: ______

From Child to Adult

Changes That Occur During Puberty



- Voice changes
- Beard develops
- Chest hair appears
- Shoulders widen
- Skin becomes oily

- Pubic hair appears
- Underarm hair appears
- Sweat glands function
- Reproductive organs mature

- Height and weight increase

- Height and weight increase

- Hips become rounded
- Breasts start to develop
- Pubic hair appears
- Underarm hair appears
- Sweat glands function

- Reproductive organs mature
- Menstruation begins
- Skin becomes oily

Name: ____________________

Female Reproductive Anatomy and Physiology Terminology

External Sex Organs

Mons pubis

Clitoris

Urethral opening

Labia majora

Labia minora

Vaginal opening

Internal Sex Organs

Vagina

Cervix

Uterus

Fallopian tubes

Ovaries

Other Terms

Menstruation

Estrogen

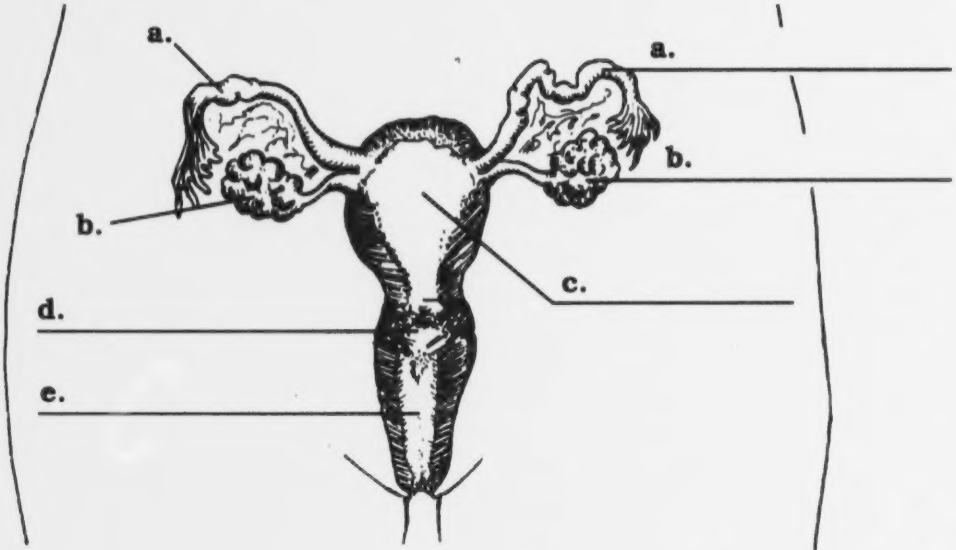
Progesterone

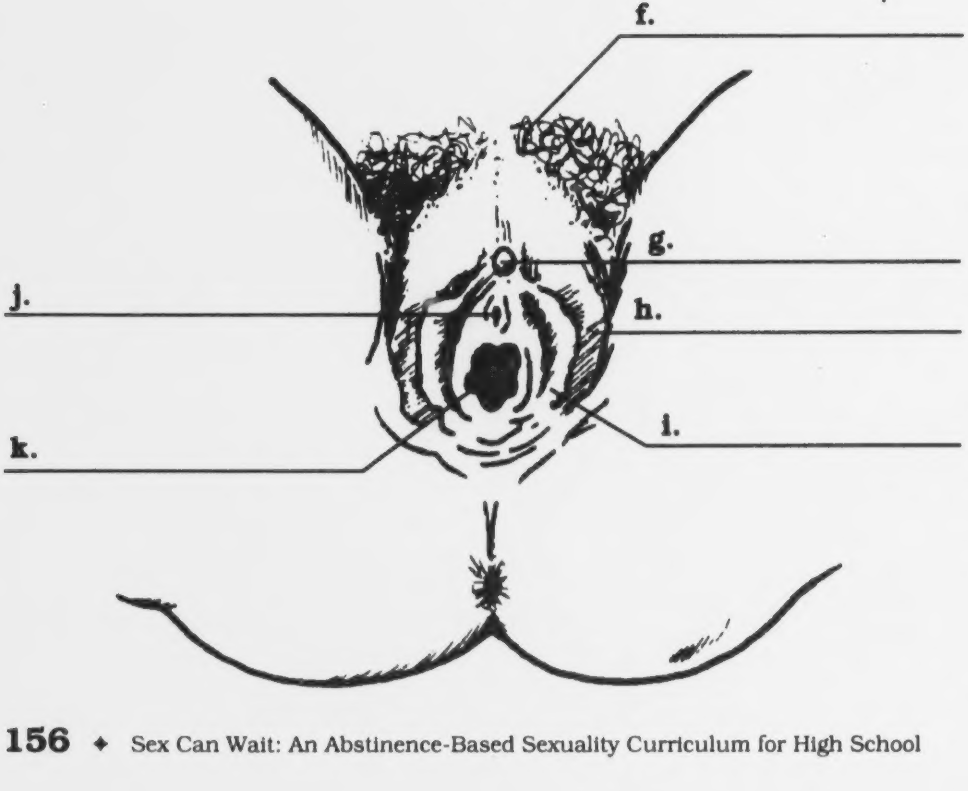
HANDOUT 9.3

Name: ____________________

Female Reproductive System

Fill in the blank next to each letter with the name of this part of the female reproductive system.





Female Reproductive System (continued)

Identify the organ that corresponds to each of the following functions by writing the appropriate letter in the blank.

_____ 1. Protective folds of tissue surrounding the more sensitive sex organs.

_____ 2. Glands which produce the female's eggs and sex hormones (estrogen and progesterone).

_____ 3. Passageway for the egg; place where conception occurs.

_____ 4. Place where the baby develops.

_____ 5. Neck of the uterus.

_____ 6. Opening to the vagina.

_____ 7. Opening through which urine leaves the body.

_____ 8. Very sensitive organ; center of sexual excitement.

_____ 9. Passage through which blood leaves the body at menstruation; the birth canal; receives the penis during sexual intercourse.

_____ 10. Mound of soft, fatty tissue over the pubic bone; covered with hair after puberty.

_____ 11. Sensitive folds of tissue that surround the clitoris and vaginal opening.

LESSON 10

Female Reproductive Anatomy and Physiology

• • • • • •

Overview

This lesson focuses on female reproductive anatomy and physiology. Students learn about the changes a girl goes through to become an adult female; the correct names, pronunciations and definitions of the parts of the female reproductive system; and the importance of female responsibility in reproduction.

Students listen to a lecture, participate in discussion and complete a handout identifying the female reproductive anatomy and physiology.

Objective

- Students will identify the parts of the female reproductive system.

Time

50 minutes.

Teacher Preparation and Materials

Read:

- ✔ **Female Reproductive Anatomy and Physiology *Teacher Background Information*** (located at the end of this lesson).
- ✔ **Female Reproductive System *Key*.**

Have:

- ✔ **From Child to Adult** (Transparency 9A from Lesson 9).

Make:

- ✔ **Parts of the Female Reproductive System** (Transparency 10A).
- ✔ **Cross-Section of a Female Breast** (Transparency 10B).
- ✔ **Female Reproductive System** (Transparency 10C).

Homework/Discussion

Female Reproductive Terminology Wrap-Up

(5 minutes)

Introduction

"Just before the end of the last lesson, I gave each of you a list of terms and a diagram of the female reproductive system to take home and share with your families."

Procedure

1. Discuss the homework. Ask students:
    - Did you know more of the terms than you thought you did?
    - Did you find these terms more difficult than those for the male?
    - Was the diagram harder to complete?
    - Did your parent or guardian help you identify the parts of the reproductive system?
    - What questions do you have for today?
    - Was it easier to complete this handout with your parent or guardian after doing the last one together?

Closure

"Learning how and why the human body works the way it does can help put young people in control of themselves and their bodies. It also can help young people realize the power of human reproduction and understand the role both males and females play in it."

Lecture/Discussion

Female Reproductive Anatomy and Physiology

(45 minutes)

Introduction

"In the last lesson, we learned about the male reproductive system. Today we will examine the female reproductive system."

Procedure

1. Explain that in the previous lesson students noted the external changes a male experiences when maturing from boyhood to manhood. Today they will look at the changes a girl goes through as she becomes an adult female. Place **From Child to Adult** (Transparency 9A) on the overhead projector. (*Note:* This transparency is from Lesson 9.) Allow only the female side to be visible. Have the students note increases in height and weight, rounding of the hips, breast development, underarm and pubic hair growth, functioning of apocrine sweat glands, maturing of the reproductive system, skin changes and menstruation.

   Make comments similar to those made while discussing male puberty in regard to when changes occur in the female, in what order, the importance of more specific hygiene at this time, etc. Note, too, that females seem to experience puberty earlier (a few may start as early as eight) and progress through it more rapidly. Most of the changes of puberty have occurred by ages sixteen to eighteen. Again stress that everyone has his or her own rate of growth, and there is no one certain way every male body or every female body is supposed to look.

2. Place **Parts of the Female Reproductive System** (Transparency 10A) on the overhead projector. Using the transparency, identify the anatomical parts and explain the physiology of the female reproductive system. (Use the Teacher Background Information on **Female Reproductive Anatomy and Physiology** at the end of the lesson to help guide your presentation.) Include explanation of the following terms:

   - Cervix—the narrow, lower end of the uterus that opens into the vagina. It is sometimes called the "neck" of the womb because of its shape.
   - Cilia—the tiny hair-like projections on the inside of the fallopian tubes. The sweeping motion of the cilia move the egg through the fallopian tube to the uterus.
   - Clitoris—a small, rounded organ located above the vaginal and urinary openings. The clitoris is highly sensitive to sexual stimulation.
   - Conception—the beginning of a new life, marked by fertilization of an ovum by a sperm.
   - Fallopian tubes—these narrow tubes are the passageways from the ovaries to the uterus and the place where the male's sperm can fertilize the female's ovum. The fertilized egg or ovum will implant itself in the lining of the uterus and develop into a fetus.
   - Fertilization—the moment an egg (ovum) and a sperm unite. Generally fertilization takes place in the fallopian tubes.
   - Fetus—the term used to refer to the unborn child from the ninth week of pregnancy until birth.

- Follicle—a capsule in which an ovum or egg cell develops within the ovary. When the ovum is mature, it bursts through the follicle and starts its trip down the fallopian tube to the uterus.

- Hymen—the thin connective membrane covering all or part of the opening of the vagina.

- Labia—soft, liplike folds of tissue that surround the other sex organs. The labia majora, or outer lips, protect the more sensitive parts of the vulva; the labia minora, or inner lips, surround the vaginal opening and meet to form the hood of the clitoris.

- Menarche—the first menstrual period of a female; begins during puberty.

- Menstruation—the phase of the menstrual cycle in which the thick inner lining of the uterus sloughs off and is discharged, along with the unfertilized egg, through the vagina. This process occurs at about monthly intervals if an egg is not fertilized by a sperm. Also called "period" or "menses."

- Mons pubis—the soft, fatty tissue over the pubic bone that becomes covered with hair at puberty.

- Ovaries—the glands which produce the female's eggs (ova) and sex hormones. A female is born with approximately 400,000 eggs. After a girl reaches puberty, approximately once each month one egg cell, or ovum, develops in a capsule called a follicle inside the ovary. When the egg cell is mature, it is released from the ovary into the fallopian tube; this process is called ovulation.

- Ovum (*ova* is the plural)—the egg cell produced in the ovary of a female; it is a single cell about the size of a grain of sand.

- Ovulation—the release of a mature ovum from the follicle of an ovary. This process happens approximately once a month from the onset of puberty. When discussing ovulation, emphasize that the many changes of and influences on the female body make the time of ovulation difficult to predict with any great degree of accuracy; therefore, the only 100 percent sure way for a couple to avoid pregnancy is to choose not to have sexual intercourse.

- Uterus—the pear-shaped, hollow organ in which the baby develops. The uterus is muscular and can stretch as the fetus grows bigger and needs more room. The uterus is also called the womb.
- Vagina—the tunnel-like structure through which menstrual blood and babies leave the female body. (You can use a narrow elastic sock and a small doll or your fist to demonstrate how the vagina stretches during childbirth.)
- Vulva—the name for the external female sex organs.

Be sure to include a thorough discussion of ovulation, the menstrual cycle and conception. Other topics of interest such as pregnancy and menopause may be introduced and discussed as well.

Explain how pregnancy can occur even without actual vaginal/penile penetration if sperm are deposited near the vaginal opening and if fertile mucus is present in the vagina. You also may wish to dispel popular myths at this time (e.g., a woman can't get pregnant the first time she has sexual intercourse, a woman can't get pregnant if she and her partner have intercourse standing up, a woman can't get pregnant if the man is behind her during intercourse).

Finally, explain that, from puberty to menopause, the female body prepares for a possible pregnancy on almost a monthly basis. Note that in spite of this regularity, the female body does not work like clockwork. Differences exist among women, and changes occur within any one woman. An individual cycle develops in each woman and it is subject to change. Take this opportunity to point out that because of all the influences on and changes in the female's body, and because of the unpredictability of ovulation, the only 100 percent sure way a couple has of avoiding pregnancy is to choose not to have sexual intercourse.

4. Place **Cross-Section of a Female Breast** (Transparency 10B) on the overhead projector. Using information provided in the Teacher Background Information on **Female Reproductive Anatomy and Physiology**, briefly discuss the development, structure and function of the breast.

5. Place **Female Reproductive System** (Transparency 10C) on the overhead projector. This drawing does not have the anatomical parts labeled. Ask students, as a group, to recall and repeat the names of the anatomical parts. This process lets all students know, in a nonthreatening way, that they know the correct words and that they can pronounce them correctly. It also gets them to say the words. Acknowledge, again, that there are many slang words for the reproductive parts of the body, but that many of these are derogatory.

6 Ask students to bring out the handout **Female Reproductive System** (Handout 9.2) from the previous lesson. (If some students didn't bring the handout back to class or lost it, provide a new handout for them.) Give the students a few minutes to check their work on the handout, labeling the parts and then matching the letter of the body part with its definition.

When everyone has finished review the handout so that students can verify their work. (An answer key is provided.) The completed handouts should be kept in the students' notebooks. Encourage students to ask questions (or use the anonymous question box) when they don't understand something or want to know more.

Closure

"As you can see, it's very important for people to know about their bodies and how they function. Misinformation, lack of information, or lack of respect for self and others is often responsible for needless worry and for tragic outcomes. By realizing the incredible power of their reproductive systems' capability to create a new life, young people can learn the importance of expressing control over their new sexual thoughts, feelings and attitudes. Males and females alike are responsible for their reproductive decisions. Making babies is not difficult, but raising healthy, wanted children is an enormous undertaking. Relationships that include sexual intercourse carry with them a tremendous responsibility."

Female Reproductive Anatomy and Physiology

Teacher Background Information

The External Organs

The *vulva* constitutes all of the female external genital structures—the hair, the folds of the skin, and the urinary and vaginal openings. The *mons*, sometimes referred to as the *mons pubis* or *mons veneris*, is a rounded pad of fatty tissue just above the other sex organs. The mons is located on the pubic symphysis (pelvic bone). During puberty, hair grows on the mons, often in a roughly triangular pattern.

The *labia majora* (large lips) are the larger outer folds of skin that protect the more sensitive genital organs. Often the labia majora cover the other structures entirely. If the labia majora are parted, the *labia minora* (small lips) will then be visible. These have no fat padding or pubic hair, but they do have oil and scent glands, tissue and blood vessels. The labia meet at the top to form a sheath of skin, or a hood, which covers the *clitoris*. During fetal growth the clitoris develops from the same kind of tissue that becomes the glans of the penis in the male. The tiny clitoris, about the size of a pea, is very sensitive to direct or indirect stimulation.

Below the clitoris is the *urethral opening*, the opening for the passage of urine from the bladder to the outside of the body. Just beneath the urethral opening is the *vaginal opening*. A thin, delicate membrane called the *hymen* partially covers the vaginal opening. It has no known physiological function. The presence or absence of a hymen is not an indication of virginity. Some females are born without a hymen.

The Internal Organs

The *vagina* is the passageway that connects the external and internal sex organs. The vagina is an elastic muscular canal extending from the *vaginal opening* to the cervix or neck of the uterus. The vagina is approximately four inches in length and receives the penis during sexual intercourse. The vagina is also called the birth canal; it is the passage through which a baby is born. The vagina is not a hollow tube. The vaginal walls are moist, elastic and muscular. They are collapsed together except when something is inserted into the canal. The vagina can stretch to various sizes for childbirth, intercourse and menstruation. The vagina cleans itself through periodically shedding mucus and dead cells.

The *uterus* (or womb) is a thick-walled, muscular organ that provides a nourishing environment for a fertilized embryo during pregnancy. This pear-shaped organ is usually about three inches long and about two and a half to three inches in diameter at the top; it then narrows to roughly one inch in diameter as it extends into the vagina. During pregnancy the uterus has remarkable stretching ability to expand with the growing fetus and then become quite small again after the birth.

The walls of the uterus are composed of three layers: a thin outer cover called the *perimetrium*, a thick middle layer of muscular tissue called the *myometrium*, and the inner layer, the *endometrium*, tissue rich in blood vessels and glands. The endometrium nourishes the developing embryo and plays a vital role in the menstrual cycle.

The *cervix* is the entrance to the uterus and contains mucus-producing glands. At the center of the cervix is a small opening called the *os*. The os can dilate enough to permit the passage of a baby through it. The cervix closes off the upper end of the vagina and the entrance to the uterus. If fertile mucus is present in the vagina during sexual intercourse, the sperm will travel through the os and into the uterus.

At the upper portion of the uterus are the *fallopian tubes.* These are the passageways from the uterus to the *ovaries,* where the egg cells are. The ovaries are attached by ligaments to the sides of the uterus. The ovaries are located in the abdominal cavity; they are about an inch long and weigh about one-fourth of an ounce. These ovaries have two primary functions: production of the two female sex hormones, *estrogen* and *progesterone,* and the production of the egg cells (*ova*) necessary for reproduction. The two hormones, estrogen and progesterone, regulate the menstrual cycle and are responsible for the development of female secondary sex characteristics.

Inside each ovary are thousands of cells, each with the potential to develop into an ovum (egg). However, only a small percentage, 400 to 500, will mature into ova. Unlike sperm, the female sex cells are present in the ovaries at birth. The eggs are about the size of a dot made by a sharp pencil, but they are relatively large cells compared with others in the human body.

When one of the eggs is released from an ovary (a process called *ovulation*), it begins a three- to five-day journey to the uterus through the fallopian tube. At the end of each fallopian tube, nearest the ovary, are a number of fingerlike projections called *fimbriae.* These help sweep the ovum into the fallopian tube. The lining of the tubes is covered with microscopic hairlike projections called *cilia.* Because of the movement of the cilia, the ovum is carried through the tube from the ovary to the uterus.

If *fertilization* or *conception* is to occur, a sperm must meet and enter the ovum in the fallopian tube. The cilia will then transport the fertilized ovum to the uterus, where it will implant itself in the endometrium and grow into a fetus. If the ovum is not fertilized, it will degenerate and be sloughed off with the endometrial tissue that had been building up to prepare for implantation of the fertilized egg. *Menstruation* is the release of this unneeded blood, cervical mucus and endometrial tissue from the body through the vagina.

The Menstrual Cycle

The *menstrual cycle* is a process that involves the entire body. The cycle is controlled by a part of the brain called the hypothalamus and by the pituitary gland, which regulate the levels of the female hormones estrogen and progesterone. These hormones determine physical development and regulate the menstrual cycle.

Menstruation is the cyclic shedding of the uterine lining through the vagina, lasting anywhere from three to seven days. The first day of menstrual flow is considered the beginning of the menstrual cycle. To determine the number of days in an individual cycle, begin counting at the first day of flow, count through the time of the menstrual flow, and continue to count the days after the flow ceases, up until the first day of the next menstrual flow, which begins a new cycle. The length of time of an individual's cycle is the number of days between "first days."

While a 28-day cycle may be considered average, a 21- or 30-day or even longer cycle may be normal for some women. Most cycles range from 26 to 34 days in length, with actual flow averaging three to seven days. However, cycles can be affected by illness, changes in diet, emotional stress, unusually heavy exercise, a major weight change, or the use of drugs. It is normal for a woman to experience some discomfort when her period begins, but for most women there is no reason to curtail normal activities.

Premenstrual tension and the more severe Premenstrual Syndrome (PMS) can be produced by the monthly changes in hormone levels. These symptoms—fatigue, anxiety, irritability, headaches, a feeling of puffiness in the pelvic and abdominal region, craving sweets, breast tenderness and depression—can occur sometime during the ten days before menstruation. Exercise and a balanced diet, which eliminates coffee, tea, chocolate and soft drinks containing caffeine are recommended to help relieve and possibly alleviate these symptoms.

The menstrual cycle is a continuous process involving three phases: follicle development, ovulation and menstruation. Follicle development occurs during the phase of the menstrual cycle when the pituitary gland in the brain signals a secretion of follicle-stimulating hormone (FSH) into the bloodstream. FSH influences maturation of ova in a number of follicles. As the follicles are developing, the FSH increases the secretion of estrogen in the bloodstream, which works directly on the inner lining of the uterus (endometrium), causing it to thicken. The mucus-producing glands in the cervix begin to secrete mucus. As estrogen levels increase the mucus becomes *fertile*, facilitating sperm travel through the cervical opening into the uterus and the fallopian tubes. Rising levels of estrogen in the bloodstream signal the pituitary gland to decrease the production of FSH.

When estrogen has reached its peak level, the hypothalamus triggers the release of luteinizing hormone (LH) from the pituitary gland. LH acts on the ovary, where the final development of one follicle (occasionally, but rarely, two follicles), is occurring. LH is primarily responsible for the rupturing of the mature follicle and the release of the ovum, which is the process of ovulation. After the ovum has left the ovary, the follicle remains as a tiny mass of cells called the *corpus luteum.*

Ovulation marks the beginning of the next phase of the menstrual cycle. This phase occurs 12 to 26 days before the next menstrual flow. With stimulation by LH, the corpus luteum begins secreting another essential hormone, progesterone, along with more estrogen. The progesterone further thickens and maintains the uterine lining. The uterine lining then begins secreting its own nutrient fluids that can nourish an early embryo if pregnancy occurs.

Progesterone now signals the hypothalamus to decrease production of LH and FSH. While all this is taking place, the ovum is slowly moving through one of the fallopian tubes toward the uterus. If the ovum is fertilized by a sperm, the fertilization takes place in the outer one-third of the fallopian tube.

If fertilization does not occur, the ovum will disintegrate. The corpus luteum degenerates, progesterone production ceases, and the estrogen level in the bloodstream begins to fall. The thickened lining of the uterus begins to degenerate and the menstrual flow, mucus, tissue fragments of uterine lining, fluids, and a small amount of blood (usually about two to five ounces), leaves the body. Menstruation is the third phase of the cycle. Soon the estrogen level falls low enough to signal the pituitary gland to produce FSH, more egg follicles begin to develop, a new uterine lining begins to build up, and the menstrual cycle starts all over again.

Conception

Conception is the fertilization of the ovum by a sperm in the fallopian tube. It is possible for sperm to reach this site within fifteen minutes after their ejaculation into the vagina. Of the several hundred million sperm ejaculated, only several hundred are likely to reach the ovum; of these, only one actually penetrates and fertilizes the egg. The large numbers of sperm are needed to surround the ovum and secrete an adequate amount of an enzyme that softens the gelatin-like covering of the ovum, thus allowing one sperm to enter. As soon as one sperm enters, the membrane around the ovum toughens, blocking entry of any additional sperm.

Upon entry, to complete fertilization, the head of the sperm fuses with the nucleus of the ovum. The fertilized egg is now called a *zygote*.

The zygote begins to divide; it becomes two cells, then four, then eight, and so on. The tiny multicelled structure is called a *morula;* once it has moved slowly through the fallopian tube and implanted itself in the uterine wall, it is called a *blastocyst*.

The Female Breast

The breasts are a secondary sex characteristic. Even though the female breasts are not really organs of the reproductive system, they are considered part of the female's sexual anatomy in most Western societies. Breasts of females develop at puberty in response to increasing levels of the female hormone estrogen. This effect would also be produced in males injected with the hormone.

The adult female breast consists of fifteen to twenty *mammary* (milk-producing) glands, each of which is connected to the nipple by a separate duct. These separate milk ducts have their openings in the nipple. Fatty tissue that is loosely packed between the mammary glands gives the breast its size and soft consistency. Variations in the size and shape of the breast from one female to the next are due primarily to the amount of fatty tissue that lies over, under, and between the glandular tissue. This amount is determined partly by heredity and, in the case of adolescent females, partly by the stage of development.

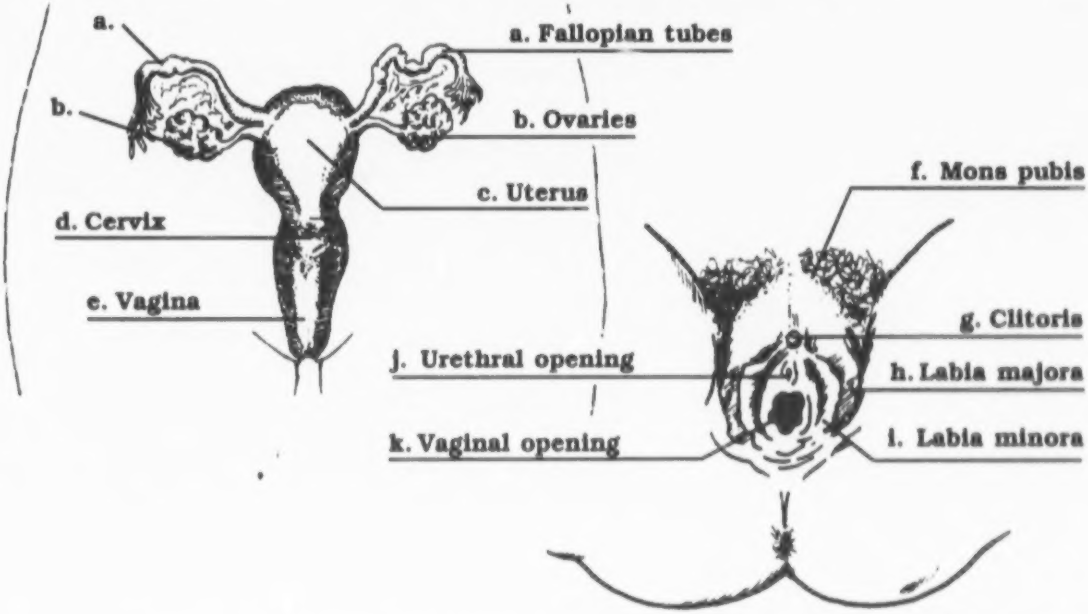
The external parts of the breast include the *nipple*, which is made up of smooth muscle fibers and has numerous nerve endings, making it sensitive to touch. The darkened area around the nipple is called the *areola*. The small lumps which may appear on its surface are sebaceous (oil) glands that help keep the nipple lubricated during breast feeding.

Name: ____________________

Female Reproductive System

Key

Label the parts of the female reproductive system.

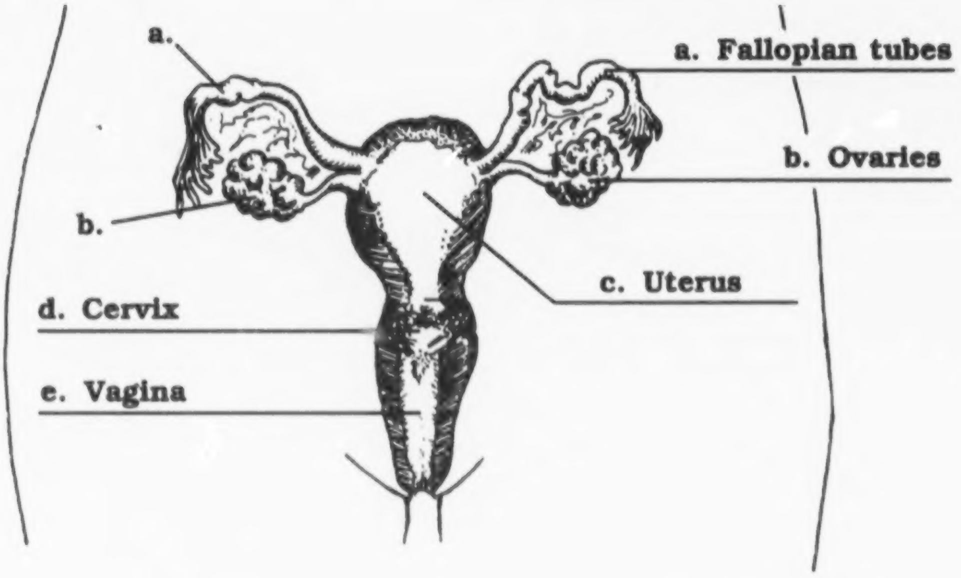


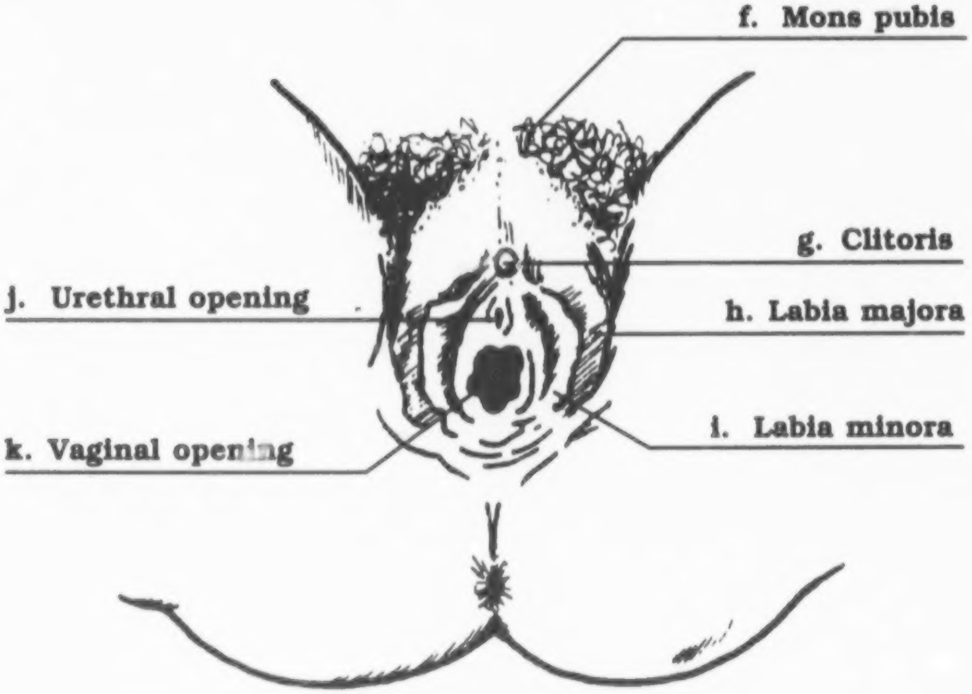
Identify the organ that corresponds to each of the following functions by writing the appropriate letter in the blank.

h 1. Protective folds of tissue surrounding the more sensitive sex organs.
b 2. Glands which produce the female's eggs and sex hormones (estrogen and progesterone).
a 3. Passageway for the egg; place where conception occurs.
c 4. Place where the baby develops.
d 5. Neck of the uterus.
k 6. Opening to the vagina.
j 7. Opening through which urine leaves the body.
g 8. Very sensitive organ; center of sexual excitement.
e 9. Passage through which blood leaves the body at menstruation; the birth canal; receives the penis during sexual intercourse.
f 10. Mound of soft, fatty tissue over the pubic bone; covered with hair after puberty.
i 11. Sensitive folds of tissue that surround the clitoris and vaginal opening.

TRANSPARENCY 10A

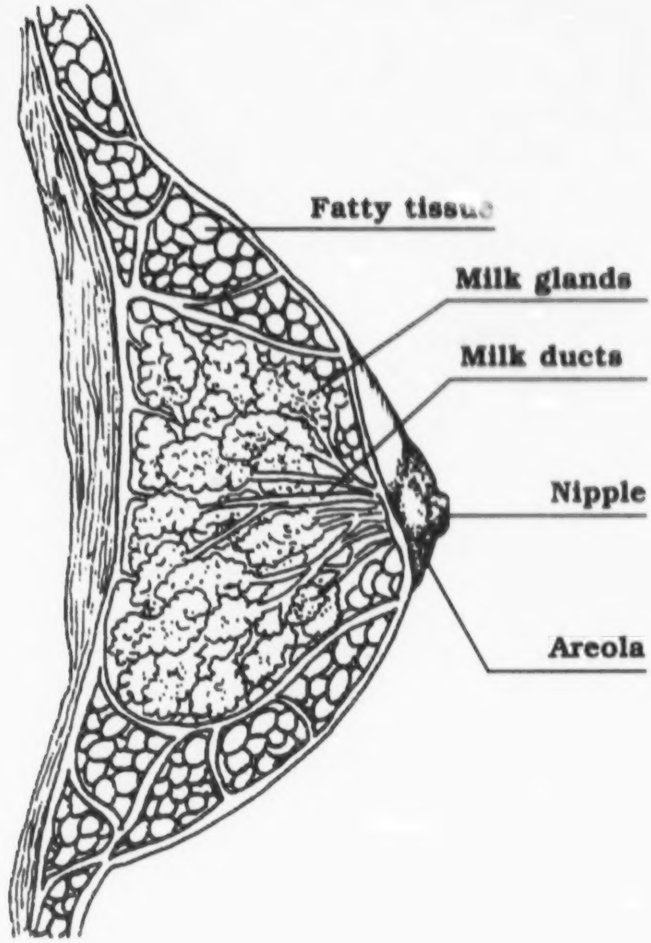
Parts of the Female Reproductive System





TRANSPARENCY 10B

Cross-Section of a Female Breast



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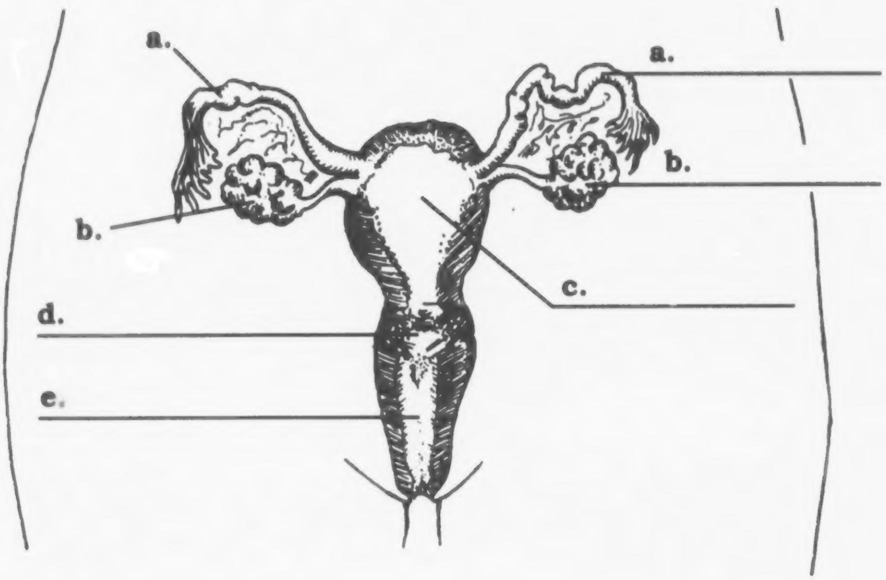
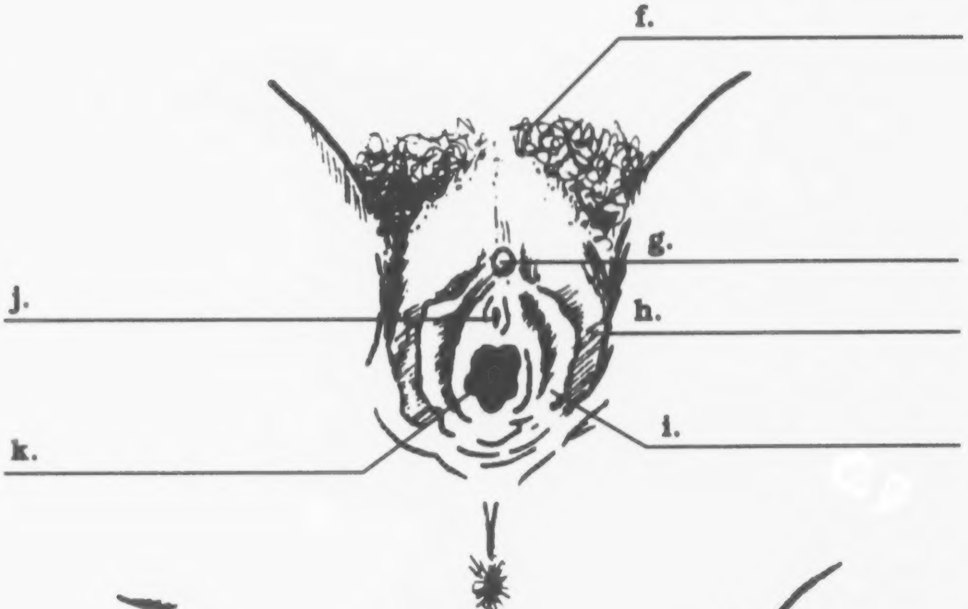
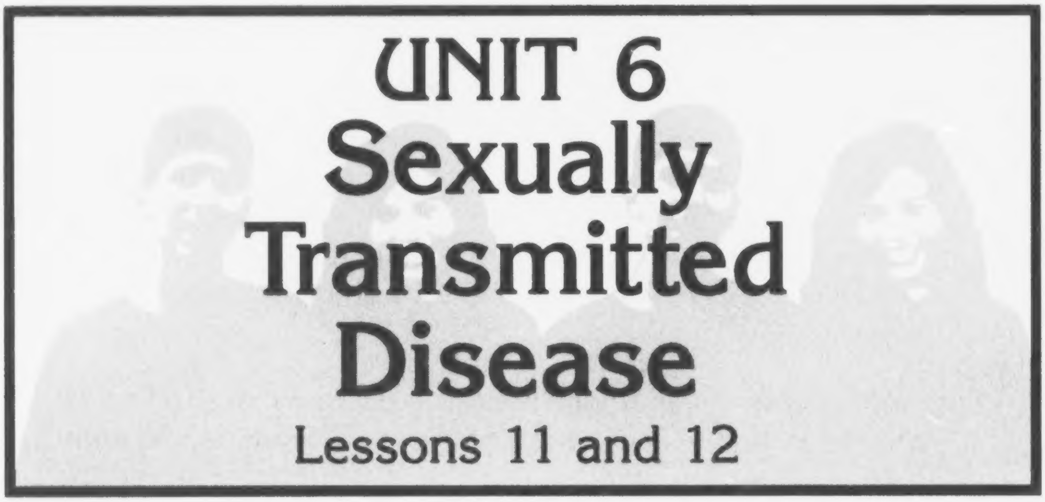
TRANSPARENCY 10C

Female Reproductive System







UNIT 6

Sexually Transmitted Disease

Lessons 11 and 12

Teaching Goals

- **To increase students' knowledge of sexually transmitted disease and especially the role of sexual abstinence in reducing one's personal risk.**
- **To explore prevention measures and facilitate students' decision-making process in determining which measure is appropriate for them.**

Teacher Background

One of the most significant and potentially devastating risks young people face when they engage in intimate sexual behavior is the possibility of contracting a sexually transmitted disease (STD). One in eight teenagers currently has an STD, and one in every 100 men and one in every 800 women is estimated to be infected with HIV, the virus that causes AIDS.

The risk of STD is a factor that every teen should consider in making choices about sexual behavior. The purpose of this unit is to present the facts about STD, including how these diseases are transmitted, various types, symptoms, short- and long-term effects, ways to avoid infection, whether or not STD can be cured, and where to get tested and treated. Abstaining from intimate sexual contact is emphasized as the best choice for teens to make and the only certain way to avoid possible infection.

STDs can cause numerous physical, emotional and social problems for the individuals who contract them. There are many sexually transmitted diseases. This unit focuses on the most common, those which it is most important for teens to take into consideration when making decisions about intimate sexual behavior. Specific information is provided about HIV/AIDS, syphilis, gonorrhea, genital herpes, chlamydia, genital warts, NGU and vaginitis. (The teacher should review the factual information given in the student handouts prior to teaching Lesson 11.)

While each STD is caused by a different pathogen and has different symptoms and consequences, each is similar in means of transmission. Each disease-causing pathogen thrives in warm, moist body surfaces such as those lining the reproductive organs. These pathogens also have difficulty surviving normal environmental conditions such as dry air and cool temperatures. This is why direct contact with mucous membranes or the exchange of body fluids is necessary for transmission.

The symptoms of sexually transmitted disease are not always obvious; sometimes the symptoms may even disappear without treatment. The disease can, however, still be present and infectious, and symptoms will recur until treatment. Some STDs can be treated and cured, others cannot.

The lessons in this unit provide basic information about STD, including HIV, and provide opportunities for students to explore which behaviors eliminate or minimize and which increase the risk of getting an STD. These lessons also build a strong case for abstinence as the best choice for teens.

LESSON

11

STD Facts

Overview

In this lesson, students identify facts about HIV/AIDS and other sexually transmitted disease. In small and large groups, they identify and discuss what STDs are, how they are spread, what symptoms to watch for, what to do if they think they may have an STD, and how to protect themselves from STD.

Objective

- Students will be able to list important facts related to the prevention of HIV/AIDS and other sexually transmitted disease.

Time

50 minutes.

Teacher Preparation and Materials

Read:

- ✓ Teaching Goals and Teacher Background for Unit 6 (Sexually Transmitted Disease)

Copy:

- ✓ **HIV/AIDS Facts** (Handout 11.1), one for each student in the HIV/AIDS group.
- ✓ **Gonorrhea Facts** (Handout 11.2), one for each student in the gonorrhea group.
- ✓ **Chlamydia Facts** (Handout 11.3), one for each student in the chlamydia group.
- ✓ **Facts About Genital Warts** (Handout 11.4), one for each student in the genital warts group.
- ✓ **Syphilis Facts** (Handout 11.5), one for each student in the syphilis group.
- ✓ **Herpes Facts** (Handout 11.6), one for each student in the herpes group.
- ✓ **Vaginitis Facts** (Handout 11.7), one for each student in the vaginitis group.

✔ **NGU Facts** (Handout 11.8), one for each student in the NGU group.

✔ **STD Worksheet** (Handout 11.9), one for each of the eight groups.

Note: The pamphlet *STD Facts* is available from ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; (800) 321-4407, fax (408) 438-4284.

Learning Activity

The Facts About Sexually Transmitted Disease

(50 minutes)

Introduction

"Today we are going to examine the facts about sexually transmitted disease."

Procedure

1. Ask students what sexually transmitted diseases are. Tell them that sexually transmitted disease (STD) is not one single disease but a group of communicable diseases that are spread during close sexual contact, including oral sex, vaginal intercourse and anal intercourse. Emphasize that STDs are serious and can cause many physical, emotional and social health problems.

   Explain that sexually transmitted disease used to be called "venereal disease" (VD)—the term historically came from the name of the mythical goddess of love, Venus. The term *STD* has replaced *venereal disease* when referring to diseases that are passed from one person to another through close sexual contact.

Inform students that STDs are very common in the United States, especially among teenagers and young adults. One in eight teenagers currently has an STD, and one in every 100 men and one in every 800 women are estimated to be infected with the HIV, the virus that causes AIDS.

2. Write the names of the following STDs on the board: HIV/AIDS, syphilis, gonorrhea, herpes, chlamydia, genital warts, NGU and vaginitis. Tell students that there are many other STDs that they may have heard about, but that you will be discussing the sexually transmitted diseases that are most common among teenagers.

3. Divide the class into eight groups. Ask each group to select one of the sexually transmitted diseases listed on the board. (Make sure that each STD is selected only once.)

4. Explain that each group will identify the following facts about the STD they have chosen:

   - How do you get it?
   - How do you know if you have it? What are the symptoms?
   - How can you prevent it?
   - Can it be cured? Where can you get tested and treated?
   - What will happen if you don't get treatment?

   Tell the groups that they will record the facts they discover on the STD Worksheet handout, and that each group should select one member of their group to share their collected facts with the whole class.

5. Distribute one copy of **STD Worksheet** (Handout 11.9) and the appropriate STD facts handouts to each group. Give groups five to ten minutes to research their STD topic and to complete the **STD Worksheet**.

6. When the groups have finished, have one student from each group summarize for the entire class the answers to each question on the **STD Worksheet**. The teacher or a student volunteer may want to write the answers from each group on the board or on separate pieces of butcher paper for classroom display. If possible, provide each student with a copy of an STD facts pamphlet so that students will have their own copy of this factual information. Discuss each STD thoroughly. Stress the following points:

    - All sexually transmitted diseases, including HIV/AIDS, are transmitted through close sexual contact with someone who has the disease.

    - All sexually transmitted diseases, including HIV/AIDS, can be prevented by choosing not to have sex.

    - The symptoms of sexually transmitted disease are not always obvious—you usually can't tell if a person has an STD just by looking. Sometimes there are no symptoms. Sometimes symptoms may disappear without treatment. However, the disease can still be present and infectious, and symptoms will recur until treatment.

    - All sexually transmitted diseases, including HIV/AIDS, can harm unborn babies and damage a person's reproductive organs (sometimes leading to sterility). Many STDs can cause other serious health problems, such as heart trouble, blindness, or even death.

    - Anyone with symptoms of an STD, or anyone with reason to believe that he or she has had close sexual contact with someone who may be infected, should see a doctor or go to a health clinic right away. Medications must be taken precisely as prescribed. Most treatments require seven to twenty-one days of continuous therapy.

Closure

"The more you know about the health risks of these STDs, how to recognize them and how to prevent them, the better off you will be. Abstinence is the only 100 percent certain way to avoid contracting an STD. Knowing the facts can help you make wise decisions when pressured or tempted to become sexually involved."

Name: ____________________

HIV/AIDS Facts

What Is It?

Acquired Immune Deficiency Syndrome (AIDS) is a breakdown and failure of the body's immune system. It is caused by a virus called HIV. HIV stands for human immunodeficiency virus. HIV is spread through exposure to infected body fluids such as blood or semen. This can happen in two ways:

- having vaginal or anal intercourse or oral sex with an infected partner
- sharing needles to inject drugs, tattoo, or pierce body parts

In the early 1980s, some people were infected with HIV when they received blood transfusions. Today, however, blood donations are screened for HIV, and the risk of infection through blood transfusion is extremely low.

HIV is present in the body fluids, primarily in the blood and semen, of an infected person. It is possible for someone to have the virus without yet having any symptoms.

Once in the bloodstream, HIV attacks and kills a special kind of white blood cell called a helper T-cell. T-cells are essential to the effective functioning of the body's immune system, which protects the body from disease. Once the T-cells are damaged and depleted, the body cannot protect itself from many dangerous infections and diseases.

Symptoms

The signs of HIV infection vary. In some, the first noticeable signs are fatigue, fever, cough, headache, weight loss (unexplained and persistent), swollen lymph glands (especially those in the armpits, back of the neck and back of the mouth), a peeling skin rash, diarrhea,

HIV/AIDS Facts (continued)

and a series of minor illnesses and infections. For others, the first sign may be one of the common and life-threatening diseases associated with AIDS—most often *Pneumocystis carinii* pneumonia (PCP) and Kaposi's sarcoma, a rare skin cancer that takes a particularly virulent form in people with AIDS.

Treatment

To determine whether a person is infected with HIV, an antibody test is administered. This test checks for antibodies to HIV in the blood. State and local health departments, AIDS organizations, or private doctors can give the test; it is generally offered free and given anonymously. Counseling is frequently provided as well.

There is presently no cure for HIV/AIDS. Medical researchers are testing a number of experimental drugs. The drug AZT has been released for people with AIDS and has had limited effectiveness in slowing down the disease process in some patients. At this time, no one, once diagnosed as having HIV/AIDS, has recovered from the disease.

Prevention

The only 100 percent sure way to prevent sexual transmission of HIV is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe, but neither partner should *ever* have sex with other people or use injection drugs. Do not inject drugs or share needles. Sharing needles can result in the transmission of blood from an infected person to another.

HANDOUT 11.2

Name: ____________________

Gonorrhea Facts

What Is It?

Gonorrhea is a bacterial infection caused by the gonococcus bacterium. Gonorrhea is almost always passed on by means of vaginal or anal intercourse or oral sex with an infected partner. Since these bacteria like warm, moist places, they will usually survive in the cervix, penis, anus, mouth, throat and occasionally the eyes.

Symptoms

Most females and many males have no symptoms. When symptoms do occur, they are evident usually two to ten days (up to thirty days) after exposure. Males can experience painful urination or defecation, and a thick, yellowish discharge from penis or anus. Some females may experience low abdominal pain and discomfort, especially after a menstrual period; perhaps a greenish, whitish or yellowish vaginal discharge, accompanied by a strong odor; a sore throat; rectal pain and itching; and mucus in the bowel movement. Pharyngeal (throat) infections are usually without symptoms.

Special Risks

An undetected, untreated case of gonorrhea in a female can spread from the cervix into the pelvis and infect the fallopian tubes. Resulting abscesses and scar tissue in the tubes can cause blockage and sterility. For both males and females, untreated gonorrhea may spread throughout the body, affecting joints with crippling gonorrhea arthritis and even gonorrhea heart disease. Babies can become infected during childbirth.

Gonorrhea Facts (continued)

Treatment

An easy test can be done to determine if a person has gonorrhea. The test is administered by a clinic or private doctor. If gonorrhea is found, tetracycline, penicillin or ampicillin is used to cure it. The two major choices for treatment of gonorrhea are antibiotic pills or a penicillin injection; oral ampicillin or oramoxacillin may be given in a large, one-dose treatment. Penicillin by injection still tends to be the most effective treatment for gonorrhea infections.

Prevention

The only 100 percent sure way to prevent the transmission of gonorrhea is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

Name: ____________________

Chlamydia Facts

What Is It?

Chlamydia trachomatis is a one-celled bacteria-like parasite. Pronounced *cla-mid-ee-a*, it is acquired through close sexual contact—vaginal or anal intercourse, and perhaps oral sex—with an infected partner. Chlamydia is the number-one sexually transmitted disease in the United States. It is found most often in sexually active adolescents between the age 15 and 19. Chlamydia attacks the mucous membranes such as those in the lining of the vagina or in the eyes.

Symptoms

Symptoms show up from one to twenty-one days after infection. About 80 percent of females and 10 percent of males have no symptoms. But an infected female may have discharge from the vagina, bleeding from the vagina between periods, burning or pain when urinating, and abdominal pain, sometimes with fever and nausea. Males are more likely to have symptoms; these may include a watery, white drip from the penis, most often evident in the morning, and mild irritation or burning during urination.

Special Risks

Chlamydia is dangerous because most people don't know they have it, and the infection can spread if left untreated. It can cause painful and permanent damage to the sex organs, leaving both males and females sterile, or unable to have children. In females, chlamydia can infect the cervix, uterus, fallopian tubes, ovaries and urethra. In males, chlamydia can infect the urethra, vas deferens and testicles. Chlamydia has also been linked to conjunctivitis (an eye inflammation) and pneumonia in newborn babies whose mothers have the infection.

Chlamydia Facts (continued)

Treatment

Chlamydia can be cured. Treatment can be obtained at the STD clinic of a county health department or from a private doctor. Antibiotics such as tetracycline or erythromycin are usually prescribed in pill form for both males and females. A vaccine to prevent the spread of chlamydia is presently under development.

Prevention

The only 100 percent sure way to prevent the transmission of chlamydia is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

Name: ____________________

Facts About Genital Warts

What Are They?

Genital warts are caused by a variation of the human papilloma virus (HPV). They may appear around the vagina, around the rectum, on the penis or on the scrotum. They may also occur internally in a woman's cervix or vagina, or in the urethra in the male. Males and females can also have genital warts in the throat or anus. After chlamydia and gonorrhea, this is the third most common sexually transmitted disease. Genital warts are three times more common than genital herpes. These warts are extremely contagious, so it's easy to give or get the warts after vaginal or anal intercourse or oral sex with an infected partner.

Symptoms

The warts can take from six weeks to eight months to appear after exposure but usually appear within one to three months. Some genital warts are flat; some are round bumps that look like tiny cauliflowers. They are usually painless, but can itch or burn if they grow larger or spread. If untreated, the warts can multiply rapidly.

Special Risks

The virus that causes these warts has been linked to cervical cancer in women; any female with external warts should also have a careful internal examination. In both sexes, there is a risk of cancer—of the vulva, penis, anus or throat—if warts are left untreated. Untreated genital warts can spread enough to block vaginal, rectal or throat openings. Babies born to mothers with genital warts may have the warts in their throats.

Facts About Genital Warts (continued)

Treatment

Warts can be removed by a physician in private practice or at a clinic. The doctor may apply a topical medication called pedophyllin to the warts, and give several follow-up treatments as necessary until the warts are gone. Or the doctor might burn off the warts with an electric needle. This is possibly uncomfortable, but it is a highly effective one-time treatment. Another treatment is the use of liquid nitrogen to freeze and then remove the warts. This involves minimal discomfort and is also quick and convenient. Stubborn and/or severe cases of genital warts may be treated by laser or with the anti-cancer drug Interferon. Because warts are caused by a virus, they can come back. The virus remains in the body even after the warts themselves are removed.

Prevention

The only 100 percent sure way to prevent the transmission of genital warts or the HPV virus which causes them is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

Name: ____________________

Syphilis Facts

What Is It?

Syphilis is a bacterial infection caused by a tiny corkscrew-shaped microorganism, *Treponema pallidum.* It is usually spread by vaginal or anal intercourse or oral sex with an infected partner, but it can also be transmitted from an infected sex organ to an open cut in the skin of another person.

Symptoms

There are four stages of infection, with different symptoms and consequences. Symptoms appear slowly within ten to ninety days (usually three weeks).

Primary Stage

The first sign of syphilis is usually a painless chancre (a round, hard sore, pimple or blister) where germs entered the body—on the genitals, anus, lips, breast, etc. These chancres disappear in one to six weeks.

Secondary Stage

Some months later, second-stage symptoms may include a rash of brownish-red pimples on the soles of the feet or palms of the hands (this rash can spread all over the body), swollen joints, fatigue, hair loss and flu-like symptoms. At this stage, syphilis can spread by any physical contact, such as kissing. The symptoms disappear by themselves, but the disease is still very active. Symptoms may recur for up to two years.

Latent Stage

This stage lasts from one to twenty *years.* At this point there are usually no visible symptoms, but the microorganisms have entered internal vital organs such as the heart and brain.

Syphilis Facts (continued)

Late Stage

This is the stage where the permanent damage to the body becomes apparent. The disease may lead to brain damage, insanity, heart disease, paralysis, kidney damage, deafness, blindness and possibly death.

Special Risks

Untreated syphilis does not go away. Syphilis can be transmitted from a mother to a baby in her womb, causing damage to the skin, bones, eyes, teeth and liver of the fetus and newborn. A higher than usual rate of stillborn infants is reported for females who are pregnant while in the primary or secondary stage of syphilis.

Treatment

Syphilis is usually cured with penicillin injections or with other antibiotics after detection by a blood test called VDRL. This can be obtained at an STD clinic of a county health department or from a private doctor. If detected and treated in the early stages, syphilis is curable, with no permanent effects. However, while the effects of latent-stage, late-stage and newborn syphilis can be arrested, they are irreversible.

Prevention

The only 100 percent sure way to prevent the transmission of syphilis is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

HANDOUT 11.6

Name: ____________________

Herpes Facts

What Is It?

Herpes simplex II is a highly infectious disease caused by a virus. It is related to the virus that causes the common cold sore or fever blister, herpes simplex I. Herpes simplex II affects the genitals. It is transmitted by direct contact with the sore, and by vaginal or anal intercourse or oral sex with an infected partner. Sores become contagious about twenty-four hours before they erupt (called "prodome" symptoms) and remain contagious until they are healed and have completely disappeared. Active virus can be present on the skin from the first warning signals.

Symptoms

The first appearance of symptoms usually occurs from two to thirty days after exposure (sexual contact with an infected person). Symptoms in males include small blisters on the penis, minor rash and itching in the genital area, and swollen lymph glands in the groin. Symptoms in females include mild vaginal discharge and blisters occurring on the cervix, vaginal walls, and sometimes the vulva and buttocks; infection in females may go unnoticed. In both sexes, flu-like symptoms, including fever, aching muscles and joints, and a general sick feeling, may occur. While symptoms usually diminish within two to three weeks, the herpes virus lies dormant in the body and can recur.

Special Risks

Genital herpes can cause herpes encephalitis, a virulent, often fatal brain infection in infants born vaginally to mothers who have active genital herpes. There is a link between genital herpes and cervical cancer. Also, there is threat of secondary and recurring infection. Recurrences seem most likely when the body's resistance is lowered

Herpes Facts (continued)

due to emotional or physical stress, poor diet, fatigue, etc. In some people, herpes recurs on a cyclical basis, such as during the menstrual period.

Treatment

There is no cure for herpes simplex II at this time. STD clinics at county health departments and private doctors can provide a variety of drugs to treat the symptoms. The anti-viral medication Acyclovir, given in pill form, can help alleviate symptoms and shorten or prevent recurrences. Another anti-viral drug is called Immuvir, a nonprescription ointment that can relive painful symptoms of herpes. During an outbreak of herpes, aspirin can relieve pain and fever. Learning to control stress, following a healthy diet, and getting enough rest and relaxation can make a person feel better in general.

Prevention

To prevent the transmission of the virus, a person should practice abstinence—not having sexual intercourse—and avoid having direct, physical contact with herpes sores. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

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Name: ____________________

Vaginitis Facts

What Is It?

There are three different kinds of vaginitis. Each occurs for a different reason, produces different symptoms, and must be treated in a different way.

Trichomoniasis is a sexually transmitted disease caused by a tiny, one-celled parasite called *Trichomonas*. Because males often experience no symptoms of this disease, they can carry and pass the disease without knowing it.

Bacterial vaginitis is caused by the bacterium *Hemophilus*. There are other names for bacterial vaginitis such as *nonspecific vaginitis* and *hemophilus vaginitis*, which is now called Gardnerella vaginalis vaginitis. This can be transmitted sexually but can also occur without sexual contact.

Yeast infection. Other names for a yeast infection are *monilia vaginitis* or *candidiasis*. Yeast infections are usually not transmitted sexually. Taking certain antibiotic medications, developing low-grade infections in other areas of the body, and even dietary deficiencies can cause changes in the amount of yeast present in the body and trigger yeast infections.

Symptoms

Trichomoniasis. Females may notice a foamy, yellowish or light green discharge with a fishy odor. There may be intense itching or a burning feeling in the vagina, and pain during urination. These symptoms can be expected to appear from one to four weeks after the first exposure. Possibly there will be no symptoms at all, as is usually the case for males.

Bacterial vaginitis. In females there may be a heavier than usual discharge, grayish-white, brown or yellowish. The discharge may look thin or frothy and smell fishy, similar to trichomoniasis but not as intense. There may be some itching, burning or pain. It is possible to have a bacterial infection with no obvious symptoms. In males there are no symptoms.

Vaginitis Facts (continued)

Yeast infection. In females there may be a thick, cheesy discharge and intense itching of the genitals; also, skin irritation is possible. Males do not have yeast infections.

Special Risks

In males, trichomoniasis may result in infections of the prostate, bladder and/or testicles. In females, it can result in an inflammation of the urethra and cervix.

Treatment

Treatment can be provided by an STD clinic at a county health department or by a private doctor. Trichomoniasis and bacterial vaginitis are treated with an oral antibiotic such as penicillin, ampicillin or tetracycline. The drug metronidazole (Flagyl) is highly effective against both bacterial vaginitis and trichomoniasis. Yeast infections are usually treated with vaginal suppositories or creams. Some common new drugs approved by the FDA include Miconazole, Clotrimozole and Nystatin. If these external treatments are not effective, an oral medication can be prescribed.

Prevention

The only 100 percent sure way to prevent the sexual transmission of vaginitis is abstinence—not having sexual intercourse. Since some types of vaginitis can be contracted from a variety of normal activities or situations which are not sexually related, many women will have vaginitis at some time in their lives. Ways to avoid contracting vaginitis other than abstaining from sexual intercourse with an infected partner include:

- keeping the vaginal area clean and dry
- refraining from the use of douches, strong soaps, vaginal deodorants or sprays
- wearing cotton underwear
- not wearing tight-fitting clothing
- wiping from front to back after a bowel movement

Name: ____________________

NGU Facts

What Is It?

NGU is an inflammation of the urethra in males. It is a sexually transmissible disease. Nongonococcal urethritis (NGU) refers to any infection of the urethra caused by a germ other than the one that causes gonorrhea. Up to 50 percent of NGU cases are caused by a bacterium called *Chlamydia trachomatis;* others are caused by other organisms. NGU only affects males, but the organisms that cause NGU in males can be transmitted during vaginal intercourse, anal intercourse or oral sex and can cause a condition in females called *mucopurulent cervicitis.* NGU agents can also infect the uterus, liver, urethra, fallopian tubes or ovaries. This is called PID (pelvic inflammatory disease).

Symptoms

Symptoms are often vague or nonexistent, but it is possible to have this disease and to spread it even with no symptoms present. It takes about one to three weeks after exposure for early symptoms to appear. They usually involve signs similar to gonorrhea, but less severe. Males may have a burning or painful sensation during urination and a clearish-white or mucous discharge. Later symptoms, as the disease progresses to the reproductive organs, include pain in the lower abdomen or groin area. Females with an NGU-related infection may experience mild vaginal irritation, discharge or burning. Urination may be painful. In both males and females, many of the symptoms resemble those of other conditions, making the disease more difficult to diagnose and treat.

Special Risks

Complications in males include epididymitis, a painful and possible sterilizing inflammation of the vas deferens and the ducts that carry sperm from the testicles. NGU can also affect the prostate gland and

NGU Facts (continued)

the rectum and may lead to a form of arthritis called Reiter's syndrome. In females, infection in some of the sex organs can cause sterility or tubal pregnancy, a dangerous condition. In pregnant females, this disease can lead to miscarriage or dangerous deliveries. Possible birth defects or serious disease can occur in the newborn baby.

Treatment

Most county health departments have special STD clinics. Private doctors also provide treatment. A test is given to determine if NGU germs are present. If results are positive, medication must be taken for seven to twenty-one days. The antibiotic tetracycline is effective against most forms of NGU. Diagnosis can be complicated because NGU symptoms are similar to those of gonorrhea. Penicillin cures gonorrhea but not NGU. Tetracycline cures gonorrhea and will simultaneously kill NGU.

Prevention

The only 100 percent sure way to prevent the transmission of NGU is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

Name: ____________________

STD Worksheet

What is the name of the sexually transmitted disease?

____

How do you get it?____

____

____

How do you know if you have it? What are the symptoms?

____

____

How can you prevent it? ____

____

____

Can it be cured? Where can you get tested and treated? __________

____

____

____

What will happen if you don't get treatment?

____

____

____

____

LESSON 12

Reducing the Risk

• • • • • •

Overview

This lesson focuses on the choices students have for reducing their risk of getting a sexually transmitted disease, particularly the role of sexual abstinence in reducing personal risk. Students participate in two brainstorming activities listing their factual knowledge of sexually transmitted disease and evaluating the pros and cons of prevention measures.

Objectives

- Students will list and report facts about assigned STDs.
- Students will evaluate the role of sexual abstinence in reducing personal risk for getting STD.
- Students will evaluate the personal appropriateness of various STD prevention measures.

Time

50 minutes.

Teacher Preparation and Materials

Have:

- ✓ Butcher paper.
- ✓ Markers.

Copy:

- ✓ **Prevention: The First Step** (Handout 12.1), one for each student.

Learning Activity
STD Graffiti
(35 minutes)

Introduction

"Let's review some of the potential health risks of sexually transmitted disease. These diseases are a health threat to adolescents, adults and newborn babies."

Procedure

1. Divide the class into small groups of four to six.
2. Provide each group with plenty of butcher paper and markers.
3. Assign each group one or two of the following topics:
    - How do you get this STD?
    - How do you know if you have this STD? What are the symptoms?
    - How can you prevent this STD?
    - Can this STD be cured? Where can you get tested and treated?
    - What will happen if you don't get treatment?
4. Instruct half the groups to divide their butcher paper into four columns, one each for HIV/AIDS, chlamydia, genital warts and NGU. Instruct the other half to divide their butcher paper into four columns, one each for syphilis, herpes, gonorrhea and vaginitis. Allow fifteen minutes for students to list all the facts about their STDs as these pertain to the topics they were assigned.

5. At the end of fifteen minutes, ask each group to report the information they have compiled to the class. Carefully review what can be done to prevent each STD. Ask students what role sexual abstinence plays in reducing one's personal risk.
6. Post these "STD Graffiti" butcher-paper lists in the classroom for future reference.

Closure

"The threat of STD provides a good reason for maintaining a sexually abstinent lifestyle. The potential life-threatening risks of STD are a reality for young people. But choosing abstinence is a way to keep yourself safe from STD and its consequences."

Learning Activity

Prevention—The First Step

(15 minutes)

Introduction

"Now we are going to focus on prevention of sexually transmitted disease."

Procedure

1. With the whole class, brainstorm things students can do to prevent being infected by HIV or other sexually transmitted disease.
2. Discuss the pros and cons of each suggestion. Stress that if students want to avoid getting a sexually transmitted

disease, they can choose to abstain (not have sexual intercourse) or can wait to have sex until they are involved in a mutually monogamous relationship with an uninfected, lifetime partner. They can reduce their risk of STD by being selective about partners and always using protection.

3. Emphasize the benefits of abstinence. List the many advantages to adolescents of adopting a sexually abstinent lifestyle. Some examples include:
   - freedom to mature
   - freedom to develop confidence and strong character
   - freedom to make and follow career plans
   - high self-esteem
   - more respect from and for others
   - freedom to develop friendships
   - better communication skills
4. Continue to discuss preventive measures. Suggestions from students might include:
   - staying sex- and drug-free
   - not hanging out with an older crowd
   - being monogamous
   - letting your relationships grow intimate gradually
   - practicing good hygiene
   - getting regular medical checkups

   Stress that it it important for students to recognize and practice these preventive measures if they want to be 100 percent safe from sexually transmitted disease.

5. Distribute **Prevention: The First Step** (Handout 12.1). Briefly review each topic. State clearly to students that knowing their sexual limits, being able to communicate these limits, and avoiding pressure situations are prevention at its best.

Closure

"Prevention plays a major role in avoiding the risk of sexually transmitted disease. Knowing the facts about the STDs and taking personal responsibility to prevent them by choosing a sexually abstinent lifestyle is the first step."

HANDOUT 12.1

Name: ____________________

Prevention: The First Step

Personal Health

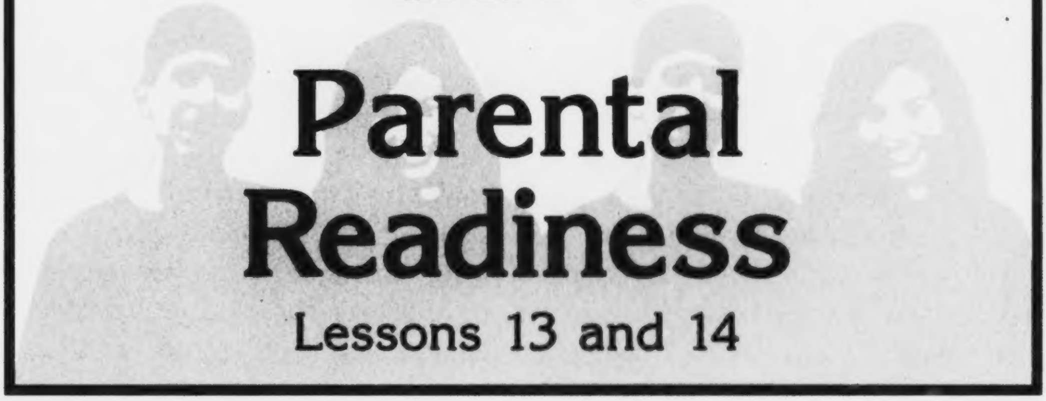
- Be informed, aware, and knowledgeable about your body.
- Set personal limits and boundaries based on your value system.
- Be selective. Let relationships develop gradually.
- Avoid drug use.
- Do not participate in any activities where body fluids could be exchanged (sexual intercourse, oral sex, blood brother/blood sister activities).
- Do not share needles for any purpose (drug use, tattooing, body piercing).
- Practice good hygiene.
- If you are not feeling well, seek medical help.

Safe Behavior

- Total abstinence—no sex with anyone.
- Hugging, cuddling or rubbing against one another with clothes on, avoiding direct genital contact and exchange of body fluids.
- Kissing.
- Masturbation.
- Not sharing needles to inject drugs, tattoo or pierce ears or other body parts.
- Waiting to have sex until you are married or involved in a mutually monogamous relationship with an uninfected partner.

UNIT 7

Parental Readiness



Lessons 13 and 14

Teaching Goals

- To enhance students' understanding of the consequences of teen pregnancy and of becoming a teen parent.
- To develop students' knowledge and attitudes which lead to making responsible decisions regarding early sexual involvement and parenthood.
- To promote sexual abstinence as the best choice for young people.

Teacher Background

The purpose of presenting the topic of parenthood is twofold: first, to provide students with information concerning the financial costs of parenthood; second, to help students understand the emotional aspects of parenthood. Having a realistic idea of the emotional and financial aspects of becoming a parent can help young people make informed and responsible decisions. Through class discussion of the health and physical risks, educational sacrifices, family burdens, and drawbacks of teenage pregnancy, teens can discover the distinct advantages of a sexually abstinent lifestyle for adolescents.

Approximately 1 million teenagers become pregnant each year. Parenthood has the potential to be one of life's greatest joys if it is entered into at a time when a person is physically, emotionally, psychologically and financially ready and able to accept its responsibilities. However, teens who become pregnant are at high risk medically, socially, emotionally, financially and educationally. Because the responsibilities associated with becoming a parent can last twenty years or more, teens should give serious, advance consideration to their options and to the consequences of behavior which could result in pregnancy. By choosing abstinence, young people choose responsible behavior and make parenthood a nonissue at this time in their lives.

LESSON

13

It Only Takes Once

• • • • • •

Overview

This lesson focuses on responsible sexual choices. Students watch a video which describes how an unplanned pregnancy can alter life plans. They listen to testimonials from teen parents which dispel romantic myths about parenting and describe the realities of being a teen parent. Students learn that saying "no" is an effective option.

Objectives

- Students will examine and discuss the myths and misconceptions about and consequences of early sexual activity.
- Students will evaluate the consequences of teen pregnancy.
- Students will describe the realities of being a teen parent.
- Students will recognize sexual abstinence as the best choice for young people.

Time

50 minutes.

Teacher Preparation and Materials

Read:

- ✓ Teaching Goals and Teacher Background for Unit 7 (Parental Readiness).

Have:

- ✓ Video "It Only Takes Once" and a VCR for showing it.

Note: "It Only Takes Once" is available from ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; (800) 321-4407, fax (408) 438-4284.

Copy:

- ✓ **Interview: Parenting Questionnaire** (Handout 13.1), one for each student.

Video/Discussion
It Only Takes Once
(45 minutes)

Introduction

"One million teenagers become pregnant each year. That means one out of every ten females under the age of eighteen becomes pregnant. Adolescence can be an extremely difficult period, but the addition of unplanned, unwanted pregnancy greatly multiplies the problems adolescents face during their growing years. The only way to ensure that young people don't have to confront such problems is for them to adopt sexually abstinent lifestyles.

"Teens who become pregnant are at high risk medically, socially, emotionally and financially, as well as educationally. Parenthood has the potential to be one of life's greatest joys—providing it occurs at the time when a person is physically, emotionally, psychologically and financially ready to accept the responsibilities associated with it. The responsibilities of being a parent can last twenty years or longer. Serious, advance consideration of the options and consequences of an unintended pregnancy can help you choose responsible behavior, including saying no to early sexual involvement in a way that lets others know you mean it. For the young person who chooses and actively lives a sexually abstinent lifestyle, pregnancy is not a concern."

Procedure

1. Show students the video "It Only Takes Once." The video is 18 minutes long.

2. Begin a discussion by asking students why they think the film is called "It Only Takes Once." Encourage all students to share their opinions. Ask students:

   - Do you think teenage pregnancy is a problem? Why or why not?

   - Why do you think so many adults are concerned about it?

   Include in the discussion the serious health risks a pregnant young female experiences because she has not reached biological maturity. This increases the risk of maternal death. Poor diet and less adequate medical care can make the birth process much more dangerous.

   Also mention the risks to the baby: Most serious birth defects are related to low birth weight (under 5-1/2 pounds); mental retardation occurs most often among children born to mothers under age twenty; babies born to teenagers are almost three times more likely to develop childhood illness than infants born to someone more mature.

3. Discuss how, in the video, Cabrini Green Jackson talks about having plans and dreams, of wanting to be somebody. She says she wants "no screaming brat dragging after me!" Ask how an unintended pregnancy could affect her plans and dreams. Discuss how an unintended pregnancy could affect a teen's chances of completing high school or future job opportunities. Most teen parents never complete high school; they often end up stuck in menial jobs they can't afford to quit. Ask students:

   - If a teen doesn't have any definite plans, or isn't exactly sure what his or her plans are, is it okay to become a parent?

- Is this a responsible decision?

Refer to the teen parents seen in the video. All said that becoming parents made them have to grow up faster. Leah said she didn't think it could happen to her, and Brian said he wasn't the "type" he would have thought this would happen to either. Ask students:

- Who can pregnancy "happen to"?
- How does an unintended pregnancy occur?

Use this opportunity to help dispel myths and misconceptions that can lead teens to become involved in early sexual activity and teen pregnancy. Emphasize that sexual abstinence helps young people avoid this kind of crisis.

4. Discuss why Cabrini says that if she wants something little and cute to hug and love, she ought to get herself a puppy. Why does she say this? Review the reasons she gives for not wanting a baby right now including:

- Who is responsible for providing financial support?
- Who will be responsible for raising the child?
- Cabrini's sister must teach her baby how to walk, talk, drink out of a cup—everything.
- Raising a baby is a "full-time, all-time, every-day, all-day job."

Ask students if they think young teenagers are capable of this responsibility. Ask what responsibilities teen parents have. Brian and Leslie suggest that teens think about possible consequences before deciding to have sexual intercourse. Ask students what some of these consequences are.

In their responses, students may include sexually transmitted disease, pregnancy, loss of freedom, or others. Ask the following questions:

- Do you think teens regret not considering the consequences?
- What does Lori mean when she says, "I guess that's how long it takes—two minutes"?
- All of the teen parents in the video said teenagers should wait to become parents. Why?
- Do you feel the testimonials from these teen parents help to dispel romantic myths about parenting? Why?
- In particular, what about Leslie and Brian? What do you think Leslie is feeling when she says, "I think of myself as a mother—a mother wishing to be a teenager"?

5. Ask students what *parental readiness* means. What helps a person to know he or she is ready to parent? On the board write: "*Parental Readiness*" and list students' answers. Suggestions may include being financially secure (e.g., having a good job, having a savings account, having health insurance); being involved in a stable, loving marriage; having a complete education; being mature; liking children; being ready to devote necessary time and energy for child rearing.

6. Refer to Cabrini and several other students in the video talking about saying no. Ask students what gets in the way of saying no. How can someone say no effectively? Help students see that their values play an important role in deciding what behavior is OK for them. Setting limits before a situation happens also helps. Thinking through a potential pressure situation beforehand is a key factor in feeling committed and confident with your decisions. A high sense of self-esteem also helps prevent placing yourself in a vulnerable position. Mutual respect does much to reduce pressure situations.

   Suggest that the video stresses the importance of good communication in a relationship, that being able to say how you feel openly and honestly is essential for responsible behavior, and so is knowing what is right and wrong for you. Stress that there is only one guarantee against pregnancy—maintaining a sexually abstinent lifestyle.

7. Tell students that if someone has already had sex, it doesn't mean that he or she has to do it again. What might change someone's mind about having sex? Explain that having sex or not having sex is a decision. We can always rethink a decision and make a different choice. No one has to remain sexually active. Sexual abstinence offers many positive benefits for young people. Stress that not everyone is having sex and that young people have choices as well as responsibilities regarding their sexual activity.

   Note: Teachers should remember that many students who appear to be sexually mature and sophisticated in fact are not. Do not make assumptions about students' experience, but stress that abstinence is an option for all teens—even those with prior sexual experience.

Closure

"Child-bearing and parenting can have a positive place in your life. By planning your future, you can plan when and decide if you will have children. Becoming a parent is one of the most demanding jobs you will face. It is also one of the most rewarding joys of life, especially when you are mentally, physically, emotionally, financially and educationally ready to accept all the responsibilities associated with parenthood. Being sexually abstinent during the teen years allows you time to grow and mature so that you will be able to handle being a parent when and if you choose to become one."

Homework Assignment

Parenting Interview

(5 minutes)

Introduction

"As we have seen, a lot goes into the decision to become a parent, and being a parent is a huge responsibility. To help reinforce all we learned today, there is a homework assignment."

Procedure

1. Distribute **Interview: Parenting Questionnaire** (Handout 13.1).
2. Explain that you would like each student to interview someone (a neighbor, a friend of the family, a relative, or a friend) who is a parent. This person preferably should be an adult other than the student's own parent or guardian.
3. Students are to find out through the interview how this person made the decision to have a child and how the decision affected his or her life. Stress that students should pick someone who probably wouldn't be offended by personal questions. They should not persuade anyone to participate who does not want to.

Closure

"This activity can help you think about how *you* would handle being a parent now and how it would be different ten years from now or twenty years from now. The ideal is to postpone parenthood until you are married, mature and ready. Choosing abstinence is a way to do this."

Adapted from *Sexuality Education: A Curriculum for Adolescents*, Pamela Wilson and Douglas Kirby (Santa Cruz, CA: ETR Associates, 1984).

Name: ____________________

Interview: Parenting Questionnaire

1. Age _____
2. Sex _____
3. Number of children _____
4. Age when first child was born _____
5. Number of years between births _____
6. How did you make the decision to have a child? ______________

____

____

7. What information or advice did you gather before making the decision?

____

____

____

8. Would you do anything differently if you could? (Would you have children earlier, later, or not at all?)

____

____

____

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Interview: Parenting Questionnaire (continued)

9. How did having the child affect your life, both positively and negatively?

____

____

____

10. What are the joys of being a parent?

____

____

____

LESSON

14

Costs of Parenting

• • • • • •

Overview

In this lesson, students examine and evaluate the financial and emotional commitments and responsibilities involved in parenting. Students complete a group activity estimating the expenses which may be incurred during the first year of a baby's life. They also discuss the emotional expense of parenthood.

Objectives

- Students will predict the financial costs incurred during the first year of parenthood.
- Students will discuss the emotional expense of parenthood.

Time

55 minutes.

Teacher Preparation and Materials

Read:

- ✓ **The Parenthood Investment** ***Teacher Background Information*** (located at the end of this lesson).

Make:

- ✓ A transparency of **The Parenthood Investment** (Handout 14.1).

Copy:

- ✓ **The Parenthood Investment** (Handout 14.1), one for each student.

Homework/Discussion

Parenting Interview Wrap-Up

(5–10 minutes)

Introduction

"At the end of the last lesson, you were asked to interview someone who is a parent. Let's talk about the assignment now."

Procedure

1. Remind students that the class won't discuss the specifics of each of the parental interviews. But pose the following general questions to students:
    - Was it helpful for you to have this input from a parent?
    - Were these questions from the handout ones you had thought about before? If so, which ones?
    - Were the questions important for you? Why or why not?
    - Do you feel that this activity helped you become more aware of how important decision making in regard to the issue of parenting is?
    - Do you feel that you are more aware of the advantages and disadvantages of parenting? Why or why not?
    - How about the advantages and disadvantages of teenage parenthood? Why or why not?

Closure

"There are many factors that go into choosing to be a parent. The key is for parenthood to be an informed choice as well as a prepared choice. Choosing to wait is often the right choice for young people."

Learning Activity

The Parenthood Investment

(40–45 minutes)

Introduction

"People often focus on the birth of a baby as being an end, complete in and of itself. For some, birth is the incredible miracle of a new life entering the world; for others, birth signifies pain. Regardless of whether one is swept away by all that is good and beautiful about birth or whether one is focused upon the negative and difficult aspects of birth, it is important to view birth as a beginning. If you understand what is meant when people say that anyone can be a biological parent but it takes someone special to be a mother or a father, then you can begin to understand the tremendous responsibility that bringing a child into the world involves. Today we will focus on parenting. In particular, we'll be talking about prepared parenthood, or parental readiness."

Procedure

1. Ask students if they know how much it costs to raise a child during the first year of life. Distribute **The Parenthood Investment** (Handout 14.1) and divide the class into small groups of four or five. Tell the groups they will estimate the expenses of having a baby during the first year. Allow about fifteen to twenty minutes for students to complete the handout.

2. Place the transparency of **The Parenthood Investment** (Handout 14.1) on the overhead projector. Ask the groups to share their estimates of the expenses. When groups have finished, review the expenses, filling in the correct information. Use **The Parenthood Investment** ***Teacher Background Information*** to guide your discussion.

3. Focus discussion on the emotional expense of parenthood. Ask students what they think about the cost of raising children. What are some "emotional expenditures" to consider? Students may suggest loss of personal freedom, of private time or of social life; being afraid to care for someone so small, helpless and dependent; feeling overwhelmed by the huge responsibility of raising a child. Ask students how much money a person would have to earn to pay these expenses. Ask if there other expenses they can think of to add to these: What would it be like to have to raise a child without enough money? without a life partner? What would students expect the life of a child born to teenage parents to be like? Encourage both male and female student perspectives. Suggest that the emotional expenditures are not always seen as the same for males and females. Ask if they should be. What are some factors to consider before making the decision to become a parent?

4. Encourage students to think about whether or not they want to have children. If students do want to have children, how many do they want to have? When do they plan to have children; how many years apart will they plan to have them; and what method of birth control will they and their

spouse choose to use to ensure this? Stress that the factors to consider are many and varied among individuals. Awareness of one's level of maturity, interest in children and child activities, the desired sex of a child, aspirations for career and education, financial and lifestyle adjustments—these are some universal factors to consider.

Emphasize that planning toward parenthood is a continuous, ongoing decision-making process and that each individual is responsible for the decisions she or he makes and for the consequences of those decisions. Choosing sexual abstinence not only postpones parenthood but also allows time for needed growth and maturity in many areas of a young person's life.

Closure

"The commitments and responsibilities of becoming a parent are many, and they last a lifetime. But don't get the idea that parenting is all hard work and sacrifice; parenthood has many rewards. The ideal is to make parenthood a conscious, prepared-for decision—*after* you are involved in a loving, supportive relationship like marriage, not as a result of an unplanned pregnancy that forces parenthood on you."

Adapted from *Sexuality Education: A Curriculum for Adolescents*, Pamela Wilson and Douglas Kirby (Santa Cruz, CA: ETR Associates, 1984).

The Parenthood Investment

Teacher Background Information

Note: These totals are conservative approximations based on 1989 prices in northwest Arkansas. Adjust these totals to make them more relevant to your students and to reflect economic standards in your area. Teachers may want to have students research this data for the class.

Mother's Medical Expenses—$2,625

This is the single most costly item in the first year's budget. The $2,625 is based on an obstetrician fee of $1,125 (which includes prenatal care, delivery, and two checkups after the birth) and a hospital bill of $1,500 (which includes a two-day, one-night stay in a semi-private room, fees for the delivery room, anesthesia, nursery, routine nursing, and take-home baby kit).

The above costs are for a normal vaginal birth. A Cesarean section would require a four-day stay at $160 per night for the mother and $150 per night for the baby. The cost would increase if the baby developed complications or had a birth defect.

Many people have some form of health insurance. However, insurance policies vary. Some pay 80 percent of the maternity cost, while some pay only a portion, somewhere between 30 percent and 50 percent. Medicaid pays for all the maternity cost if you qualify.

Alternate birthing styles are available. A midwife is a viable choice. The average charge is $500 for delivery with a $40 charge for prenatal classes. Provisions are made for a doctor and hospital in the event of complications. The birth style is natural and usually done at home. Birthing centers are also an option if available in your area.

Baby's Medical Expenses—$236

The baby's medical expenses are based on $91 for the first visit at the hospital by a pediatrician. There is an additional charge of $78 if a male baby is circumcised. If the mother had a Cesarean section, the initial fee by the pediatrician is $144 in delivery. Afterwards, if the pediatrician needs to see the baby, the first visit is $31 or two visits for $42. However, for six routine visits, the cost is $150. If the baby is in intensive care, the cost is $48 for one pediatrician visit, or two visits at $55. An emergency room initial fee is $55. A baby's first-year inoculations run around $75. These figures are for a healthy baby who needs no extra visits to the doctor. There are no dollar estimates here for medication.

Mother's Maternity Wardrobe—$300

The $300 allotted here is for a fairly limited maternity wardrobe. The type of maternity clothes the expectant mother will need depends largely on the weather and her personal needs. For example, the woman who works will probably need more of a selection than this budget allows. Many of today's fashions and fabrics allow a pregnant female to continue wearing her regular clothes up until her seventh month or so. Borrowing clothes from friends also reduces costs.

Disposable Diapers—$600

This is the estimated cost for the convenience of disposable diapers (no name-brand varieties). Some babies are allergic to these diapers. Cloth diapers are available at a range of $7 to $10 per dozen. Laundering cloth diapers at home costs approximately $143 a year (a substantial savings compared to the $600 for disposable diapers) but takes more time and energy.

Baby's Clothing—$500

The best rule to follow when purchasing baby clothes is to buy a size larger, practical, sturdy, wash-and-wear garments. Try to shop at discount stores that offer good brands at reduced savings. Remember, a baby born in late spring can be comfortable in a shirt and diaper for several months.

Baby's Food—$900

The $900 figure refers to bottle-fed infants. Breast feeding has many advantages for both mother and infant; however, it should be a personal choice. Babies don't eat much, but they do eat often. This estimate considers the cost of formula feeding for six months and then feeding the baby low-fat baby foods and regular milk and juice for six months. Public health departments provide programs for free supplemental food, including baby formula for infants, to women with children under age five, based on the number of family members and the family's income.

Nursery Furniture—$450

The $450 allotted here includes a crib, high chair, dresser/changer, sheets, blankets, pads, baby stroller, infant car seat, and portable bassinet. However, to save money, parents can buy used items or borrow from friends and relatives.

Baby-Care Needs—$300

This refers to personal care items such as baby powders and lotions, gentle soap, shampoo, aspirin-like pain reliever, a thermometer, bottles, sterilizer, humidifier, feeding dish and baby spoon.

Childcare—$2,200

This large cost is comparable to the delivery cost and can continue for years if the parent(s) work(s) full-time. The estimated cost is for a private nursery school where the child stays eight hours per day, five days a week. There are non-private daycare centers to consider, but these can still be expensive. However, it is often difficult to find convenient, full-day infant-care programs. Many nurseries won't take children until they are potty trained. Licensed home daycare is an alternative; charges for this service vary.

Baby Sitter—$160

This figure is based on $2 per hour for eight hours per month. Drop-off baby sitters may be higher. Parents will probably want more free time than this figure reflects. Swapping babysitting with friends and relatives who are willing to babysit can save money and give parents more free time.

Baby Pictures—$100

Parents may want to preserve their baby's precious moments. Professional sittings can cost as much as $100. Taking pictures oneself is the best way to save. This estimate is for ten rolls of film, film development, and an inexpensive 35mm camera.

Total—$8,371

HANDOUT 14.1

Name: ____________________

The Parenthood Investment

Estimate dollar amounts for how much it will cost to raise a baby during the first year.

Mother's Medical Expenses ____________
(Includes obstetrician's fee and a hospital bill for a two-day stay in a semi-private room.)

Baby's Medical Expenses ____________
(Includes newborn care in hospital, six routine office visits, one emergency visit and inoculations.)

Mother's Maternity Clothes ____________

Diapers ____________

Baby's Clothing ____________

Baby's Food (Bottle-fed infants) ____________

Nursery Furniture ____________

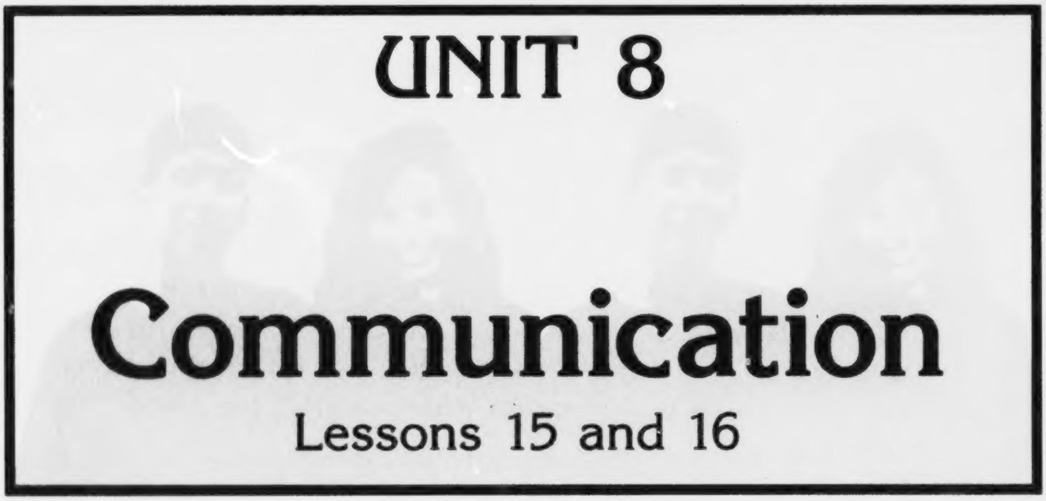
Baby-Care Needs ____________

Childcare ____________
(Includes daycare 5 days a week, 8 hours a day.)

Baby Sitters ____________

Baby Pictures ____________

Total ____________



UNIT 8

Communication

Lessons 15 and 16

• • • • • • • • • •

Teaching Goals

- **To examine the impact of both verbal and nonverbal messages on communication.**
- **To develop students' interpersonal communication skills, with emphasis on delivery of clear messages.**

Teacher Background

The purpose of this unit is to help students develop the skills and techniques necessary to communicate assertively and constructively. Communication is a key part of all interactions, including intrapersonal communication (self-talk). However, many adolescents are vulnerable to negative self-talk, which is related to low self-esteem. In fact, self-esteem seems to be a major factor in a person's ability to communicate clearly and effectively. Often a lack of adequate self-esteem sabotages the best intentions.

Having the skills and techniques necessary to communicate assertively can be especially valuable when an adolescent is faced with pressure to be sexually involved. Feeling obligated to be "nice" and having a strong desire for approval are two reasons young people have difficulty saying no. Assertive and constructive communication is the skill of setting clear limits and then acting on one's decision. Knowing the reasons for choosing to say no and possessing the self-confidence to express those feelings are important factors in effective communication. By using clear and honest communication, teens can exercise their own rights while maintaining respect for others.

Learning to communicate effectively is a life-long process that requires understanding, skill and motivation. Adolescents frequently use negative communication such as assuming, ridiculing, interrupting and/or physically fighting. These practices result in indirect, incomplete and unclear communication. Learning to use effective communication techniques such as active listening and I-statements enables adolescents to accept and express their own feelings and needs and decreases the difficulty of speaking up and exercising their rights. An important task for adolescents, then, is developing the ability to communicate in clear, honest messages. Developing these skills in adolescence gives young people a lifelong asset.

LESSON 15

Sending Clear Messages

Overview

Learning to communicate in clear, honest, assertive messages, using techniques such as active listening and I-statements, can empower students to express their feelings and needs and decrease the difficulty of speaking up and exercising their rights.

Students work in small groups discussing and analyzing mixed messages, rewriting the messages to be more clear and honest. They roleplay the messages and then write I-message responses to certain situations.

Objectives

- Students will convert mixed messages into clear, honest messages.
- Students will roleplay the mixed and honest messages.
- Students will write I-message responses to certain situations.

Time

55 minutes.

Teacher Preparation and Materials

Read:

✓ Teaching Goals and Teacher Background for Unit 8 (Communication).

Make:

✓ **Communication Rights and Responsibilities** (Transparency 15A).

✓ **I-Messages** (Transparency 15B).

Copy:

✓ **That's What I Said** (Handout 15.1), one for each student.

Prepare:

✓ Write each mixed message (A–E) from the **Mixed Messages** teacher page on an index card, or make a copy of the page and cut apart the statements.

Learning Activity

That's Not What I Meant

(20–25 minutes)

Introduction

"In the first section of our program, we focused on 'Knowing Myself.' But human beings do not live in isolation. Our ability to integrate the various aspects of personhood (psychological, social and sexual) is in many ways dependent on the ability to establish loving, nurturing relationships with others. The basis for all relationships is communication—in all its many forms."

Procedure

1. Divide the class into small groups of four or five. Provide each group with an index card on which one of the following messages has been written:

    a. Of course I love you. (Flat tone of voice, no eye contact, physically pulling away.)

    b. Sure, Dad, I'd love to stay home and help. (Flat tone of voice, drooped shoulders, head hanging.)

    c. Hello. It's good to see you. (Lack of enthusiasm in voice, quick handshake, looking over at someone else.)

    d. Why don't you come study at my place? (Flirty look, stroking the person's arm, suggestive tone.)

    e. No, I'm not mad at you! Why do you think I'm mad? (Tense body posture, loud voice, turning your back on the person.)

2. Ask each group to think and to talk about the mixed message on their index card and to determine how the message sender might present a clearer, more honest message. Remind students that they need to respect their own feelings as well as those of the individual who will receive the message. Ask them to develop another mixed message and its corresponding clear message.

3. Discuss the following questions as a class:

   - How difficult was it to recognize and develop mixed messages?
   - Why do people so frequently send mixed messages?
   - What other options do people have if they choose not to send a mixed message?
   - How do people respond to a mixed message?
   - What are the advantages of sending messages in which body language and verbal language are consistent?

4. If time permits, ask each group to roleplay one of the mixed messages and follow it with the clearer message.

Closure

"Improving communication skills can be especially challenging. The sender must be in touch with his or her own values, thoughts and feelings, and then must find a comfortable way to share these, respectfully, with others. Too often people send mixed messages. They build barriers instead of bridges to better relationships. People need to learn to communicate openly and honestly with others if they are to feel good about themselves and about their ability to create the kind of positive relationships they want."

Learning Activity

That's What I Said

(25–30 minutes)

Introduction

"Learning to communicate in an open, honest way means that you hold some underlying beliefs or attitudes regarding your own rights and the rights of others. Once established, these attitudes make it much easier for you to say what you want or need to say in a comfortable, nondefensive way."

Procedure

1. Place **Communication Rights and Responsibilities** (Transparency 15A) on the overhead projector. Briefly discuss each point.
2. Explain to the students that I-messages offer a direct, honest way for individuals to express their values, needs and feelings, without infringing upon the rights of others or creating a confrontational, defensive situation. I-messages allow individuals to stand up for what they believe.
3. Place **I-Messages** (Transparency 15B) on the overhead projector. Explain the format for I-messages.
4. Divide students into small groups of four or five. Distribute **That's What I Said** (Handout 15.1). Ask students to develop I-message responses to each of the situations described.
5. Ask for volunteers to roleplay their I-messages. Students should give feedback regarding message clarity and how others would respond to the message.

6. Lead a class discussion on the advantages of I-messages. Ask students:
    - What are the advantages of using I-messages?
    - When might it be difficult to give an I-message? How could you overcome the difficulty?

Closure

"Recognizing your right to have your own personal values, thoughts and feelings is an important first step in being able to communicate openly and honestly. By expressing ourselves clearly we can avoid game playing or becoming defensive. We create the opportunity for a true dialogue with the other person."

Mixed Messages

A. "Of course I love you." (Flat tone of voice, no eye contact, physically pulling away.)

B. "Sure, Dad, I'd love to stay home and help. (Flat tone of voice, drooped shoulders, head hanging.)

C. "Hello. It's good to see you." (Lack of enthusiasm in voice, quick handshake, looking over at someone else.)

D. "Why don't you come study at my place?" (Flirty look, stroking the person's arm, suggestive tone.)

E. "No, I'm not mad at you! Why do you think I'm mad?" (Tense body posture, loud voice, turning your back on the person.)

Communication Rights and Responsibilities

- I have the right to express my values and needs honestly and clearly.
- I have the responsibility not to force myself or my values on anyone else.
- I have the right to live in accordance with my own values.
- I have the right to confront someone whose behavior infringes on my values or needs.
- I have the right to assert myself and resist those who persist in attempting to get me to do something I don't want to do.
- I am responsible for how I feel and what I think about myself.
- I have the right not to please or try to please everyone.
- I have the responsibility to listen to others.

I-Messages

I-messages communicate to another person what I am feeling and what I'd like done about it. I-messages don't accuse or blame the other person.

1. Express your thoughts or feelings first. Begin with "I think" or "I feel" (e.g., "I feel hurt" or "I feel happy").
2. Describe the problem or situation. Begin with "When you" (e.g., "When you are late" or "When you kiss me").
3. Describe the effect on you as specifically as possible. Begin with "Because" (e.g., "Because it makes me realize how much you care").
4. Identify what you would like to have done, if anything (e.g., "I would like for you to be on time" or "Please don't call me anymore").

Name: ____________________

That's What I Said

Develop I-messages in response to each of the situations described. It may be helpful to follow the following format: "I feel _______ when you _______ because _______. I want (or Please) _______."

1. Your best friend revealed a mutual secret.

   ____

   ____

   ____

2. Your dad yelled at you in front of your friends.

   ____

   ____

   ____

3. Your date insists on staying out later than your curfew.

   ____

   ____

   ____

4. Your date wants to take you to a dark, secluded area to park, and you don't want to go.

   ____

   ____

   ____

That's What I Said (continued)

5. Your friends want you to have a party at your house while your parents are away for the weekend. You don't want to have it.

____

____

____

6. Your sister borrows your new CD player without asking.

____

____

____

7. Your date for the big dance wants to break the date and go skiing.

____

____

____

8. Your date is pushing to "go all the way," and you don't want to.

____

____

____

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LESSON

16

Assertiveness Skills

• • • • • •

Overview

In this lesson students continue to practice delivering clear messages and using active listening skills. Students discuss and evaluate the differences between nonassertive, assertive and aggressive responses to others. Working in pairs, students discuss and roleplay nonassertive, assertive and aggressive responses to certain situations.

Objectives

- Students will analyze and discuss the impact of both verbal and nonverbal messages on communication.
- Students will describe and roleplay nonassertive, assertive and aggressive responses to certain situations.

Time

50 minutes.

Teacher Preparation and Materials

Make:

- ✓ Transparency of **Response Options Continuum** (Handout 16.1). (*Note:* This is a two-page handout.)
- ✓ Transparency of **Basics of Effective Communication (Talking and Listening)** (Handout 16.3).

Copy:

- ✓ **Response Options Continuum** (Handout 16.1), one for each student.
- ✓ **Response Options Situations** (Handout 16.2), one for each student.
- ✓ **Basics of Effective Communication (Talking and Listening)** (Handout 16.3), one for each student.

Learning Activity

Response Options

(35–45 minutes)

Introduction

"Last time, we focused on the fact that people often have a very difficult time clearly expressing how they think and how they feel. I-messages were offered as a means by which you could more effectively begin to do this. We respond to situations and interact with others in a variety of ways. Frequently people are more aggressive or more passive than is appropriate. We are going to examine how nonassertive, assertive and aggressive behaviors differ verbally and nonverbally, and what effect each mode of communication has on both the sender and receiver of a message. We'll begin by taking a few minutes for you to think through your own abilities and comfort in communicating."

Procedure

1. Tell students not to answer out loud, but to consider each of the following questions. (Pause briefly between questions to give students time to think through each one.)
    - Do you frequently assume the other person knows what you are trying to say without your explaining what you really mean?
    - Do you find it difficult to express your ideas when they differ from those being discussed around you?

- When a problem arises between you and another person, can you discuss it without getting angry?
- Do you help others to understand you by saying what you think, feel and believe?
- When you are asked a question or hear something that is not clear, do you ask the person to explain what he or she means?
- As you think through each of these questions, how do you feel about your communication skills?
- Did you find yourself answering the same question differently depending on whom you visualized yourself speaking to? Why or why not?
- With whom is it most difficult to speak openly and honestly? Why?

2. Distribute **Response Options Continuum** (Handout 16.1). Place the transparency of the handout on the overhead projector. Explain that behavior may range from being very nonassertive to very aggressive. Emphasize that one overlooked, underused option is the very positive middle ground—assertiveness. Assertiveness allows an individual to retain personal value as well as value others. Discuss each of the types of behavior using the transparency of the handout.

3. Divide students into pairs. Distribute **Response Options Situations** (Handout 16.2). Ask students to think about and then briefly describe nonassertive, assertive and aggressive responses to each of the situations.

4. Ask students to roleplay their responses in their pairs. Encourage students to use the tone of voice and body language appropriate to the response option demonstrated. Each student should have an opportunity to act out all the response options for two of the situations and be listener or receiver of the message for the other two. Encourage the

receiver to share what his or her response would be if actually in the situation and hearing each particular response.

5. Ask for several volunteers to demonstrate the various response options they have developed for the entire class. The volunteers should not tell which response option they are demonstrating. Have the class should identify whether the individual is being nonassertive, assertive or aggressive. Ask the class to identify additional things that might be used to demonstrate a particular response.

6. As a class, discuss the following questions:

   - What might a person be thinking or feeling when he or she uses a nonassertive response? an assertive response? an aggressive response?
   - What would you describe as a typical reaction to nonassertive responses? to assertive responses? to aggressive responses?
   - What thoughts and feelings underlie these reactions?
   - Why would someone choose to use one type of communication or response over others?
   - When does assertiveness work best?
   - When might a nonassertive or aggressive response be more appropriate?
   - If assertiveness is so often the best option, why don't people use it more often?
   - What kinds of things would help a person to utilize assertiveness more often?

Closure

"Often we respond to situations too passively or too aggressively to serve the best interests of either ourselves or others. Learning assertiveness skills can be a positive way to expand our options for dealing with situations. Through assertiveness, we enhance our own sense of self-worth as well as the value of the other person. Improved communication translates into improved relationships."

Learning Activity

Review of Basics

(10–15 minutes)

Introduction

"As we wrap up our discussions of communication, I think it is important to quickly review some techniques for improved communication."

Procedure

1. Distribute **Basics of Effective Communication (Talking and Listening)** (Handout 16.3) and place the transparency of the handout on the overhead projector.
2. Briefly discuss the suggestions. Emphasize on the fact that as people communicate with others, they alternate between the roles of sender and receiver. The receiver's role is every bit as important as that of the sender; both require openness and honesty. To ensure greater accuracy in the ex-

change of ideas, it is helpful for the receiver to reflect what she or he hears and to ask questions to clarify misunderstanding. Note that the body language of the listener is equally important.

Closure

"Being able to communicate effectively is an empowering skill. Effective communicators tend to feel better about themselves and their ability to influence the direction of their lives. Relationships are more enjoyable and fulfilling. Communication will continue to be an issue as we go on to talk about relationships."

Adapted with permission from *Family Communication: Keeping Connected in Changing Times*, Maureen Miller (Ramsey, NY: Paulist Press, 1980).

Name: ____________________

Response Options Continuum

Nonassertive (Passive Behavior)

- You lack appreciation of yourself.
- You express your own values, feelings, needs and opinions indirectly or not at all, hoping others will guess.
- Your nonverbal behavior is nervous or inappropriate.
- You place responsibility for making decisions on the other person.
- You always listen and rarely talk.
- You always give in when there's a disagreement.

Assertive

- You have an appreciation of yourself and others.
- You express your values, feelings, needs, opinions without infringing on others' rights. You use I-messages to explain what you feel and why.
- Your nonverbal behavior enhances the verbal message.
- You assume responsibility for your own thoughts, feelings and behavior.
- You both talk and listen using active listening skills.
- You compromise when possible, without abandoning your own values.

Response Options Continuum (continued)

Aggressive

- You show an appreciation of yourself only.
- You express your values, feelings, needs, opinions in threatening, demanding or hostile ways. You use "you" messages to blame others.
- Your nonverbal behavior includes sharp, threatening or hostile gestures and physical assaults.
- You assume little responsibility for the consequences of your own behavior.
- You always talk and rarely listen.
- You always want your own way.

Name: ____________________

Response Options Situations

Think through and briefly describe a nonassertive, an assertive and an aggressive response to each of the situations. Space for notes is provided after each mode of communication.

Situation 1

Your mother wants you to go with your family on a weekend trip to visit your grandparents. You hoped to attend a friend's party on Saturday night. What do you say to your mother?

a. nonassertive ______________________________

____

b. assertive ______________________________

____

c. aggressive ______________________________

____

Situation 2

You confide some very personal information to a close friend and later find out that your friend has passed the information on to several other people. What do you say to your friend?

a. nonassertive ______________________________

____

b. assertive ______________________________

____

c. aggressive ______________________________

____

Response Options Situations (continued)

Situation 3

A person you have dated on and off for several months has invited you to a party. When the agreed-upon "date time" passes, you wait an hour and then decide to go to the party by yourself. On arriving, you find your date already there with someone else. What do you say to your date?

a. nonassertive ______________________________

____

b. assertive ______________________________

____

c. aggressive ______________________________

____

Situation 4

Your date is interested in having sex. You aren't interested, and you feel that you have made your limits clear. He or she teases and touches you and continually pushes your established limits. What do you say to him or her?

a. nonassertive ______________________________

____

b. assertive ______________________________

____

c. aggressive ______________________________

____

Name: ____________________

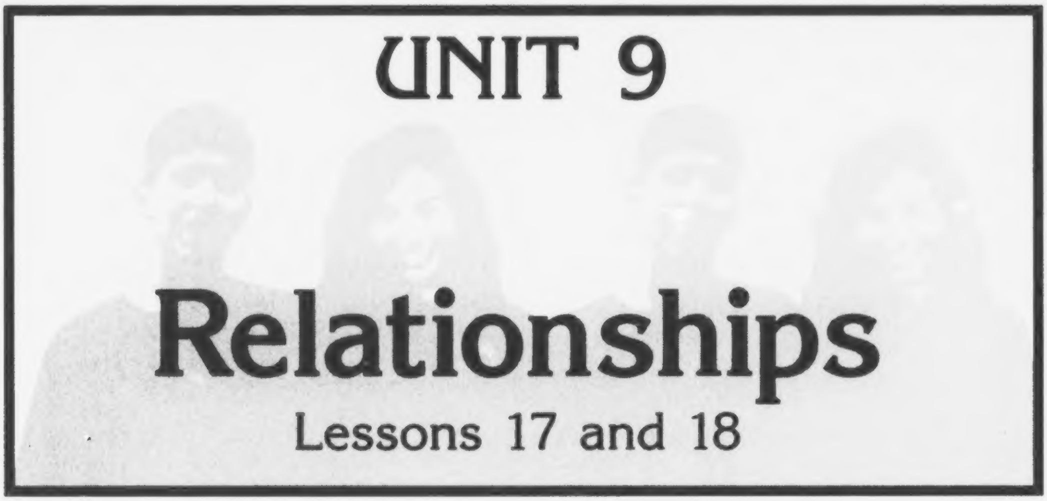
Basics of Effective Communication (Talking and Listening)

Do

- Know your values, wants and needs.
- Express yourself honestly, without defensiveness.
- Be responsible for your own thoughts and feelings.
- Set realistic and clearly defined limits.
- Be open to compromise if it is appropriate.
- Genuinely listen to the sender.
- Clarify what the sender has said.

Don't

- Stereotype or label.
- Assume.
- Over-generalize.
- Freeze attitudes.
- Arbitrarily interpret abstract or general terms.
- Buy facts wholesale.
- Think in black and white (good guys versus bad guys).
- Provoke defensiveness.



UNIT 9

Relationships

Lessons 17 and 18

Teaching Goals

- **To develop students' understanding of the role of parents and guardians in young people's lives.**
- **To develop students' understanding of how adolescent development challenges family dynamics.**
- **To strengthen communication skills within families.**
- **To facilitate students' understanding of friendship and its impact on a person's life.**
- **To explore issues related to romantic relationships.**

Teacher Background

Developing good relationships is a skill much like developing the skills of assertive communication or maintaining a high level of self-esteem. Throughout adolescence, young people are sorting out and forming attitudes and beliefs based on their relationships to others. The dynamics of these relationships are complex. A central purpose of this unit is to encourage teens to examine a variety of relationships to help them to answer important questions such as these:

- Whose influence is more important to you—friends or family?
- Do your friends reflect your values?
- What qualities do you look for in a boyfriend or girlfriend?
- What type of relationship are you looking for?
- Where can you go for help with relationships?
- Whom can you talk to about these things?

The unit also focuses on issues that parents and young people may disagree on, or fail to constructively communicate about, such as romantic relationships, family values, and the power struggle over dependence and interdependence.

Benefits of postponing sexual involvement for teens are emphasized. Choosing a sexually abstinent lifestyle allows teens to deepen their understanding of romantic relationships without the risks and complications often associated with sexual involvement. Abstinence allows greater personal freedom to develop friendships while developing greater communication skills.

While teens should be encouraged to be sensitive to others' attitudes, needs, feelings and problems, they also need to understand the difference between being responsible *to* others and being responsible *for* them. By taking responsibility for their own choices and actions, young people can promote respectful, honest relationships.

LESSON

17

Exploring Relationships

• • • • • •

Overview

This lesson focuses on the importance of students developing good relationships with their families and friends. Students examine their relationships with their families and peers in terms of their values and needs. Abstinence is encouraged because it allows students greater personal freedom to develop friendships with both sexes while developing greater communication skills.

Objective

- Students will evaluate and discuss their ideas and feelings about their relationships with their families and peers.

Time

50 minutes.

Teacher Preparation and Materials

Read:

- ✔ Teaching Goals and Teacher Background for Unit 9 (Relationships).
- ✔ **Relationships** ***Teacher Background Information*** (located at the end of this lesson).

Make:

- ✔ **The Relationship Path** (Transparency 17A).

Copy:

- ✔ **Relationships** (Handout 17.1), two for each student.

Learning Activity

The Three R's

(45 minutes)

Introduction

"Our lives are affected to a large extent by the quality of our relationships. Self-knowledge and self-esteem are important in order to know what we want and need from relationships and what we have to offer them. Good communication skills help us to reach out to others and to be reached by them. Good communication allows for greater understanding, openness, honesty and mutual respect in relationships. Understanding various types of relationships and the differing roles each play in our lives is important. Understanding the changes these relationships undergo as we progress from one stage of our lives to the next is critical, especially in adolescence. Although there are many types of relationships, the three that we will focus on are parent/child, peer and romantic relationship."

Procedure

1. Distribute **Relationships** (Handout 17.1).
2. Read the handout introduction and the directions for completion aloud. Ask students to complete the handout individually.
3. When students have finished, organize the class into small

groups of four or five. Ask students to share their ideas with their groups and discuss why they believe as they do. Encourage them to question each other and to listen to other perspectives.

4. As a class, discuss the following questions:
   - Which statements resulted in the greatest consensus of opinion? the least consensus? Why?
   - Do you think your answers now are different than they would have been in grade school? Why or why not?
   - Do you expect your ideas to change as you reach adulthood? Why or why not?
   - Did any of your responses or those of your group surprise you? If so, why?
   - What benefit is it to think through and discuss these relationship issues?
5. Place **The Relationships Path** (Transparency 17A) on the overhead projector. Explain to the students that they have just had an opportunity to discuss some key issues relating to parent/child, peer and romantic relationships. Now they will need to step back and look at the bigger picture by examining the various roles relationships play in their lives, and the changes these relationships undergo over time. Discuss the three types of relationships and how each changes as one moves through the different stages of life. Use the **Relationships *Teacher Background Information*** to help students formulate, discuss and understand this process.

Closure

"Our personal relationships play a very important role in our lives; yet we sometimes fail to recognize our ability to create positive relationships. By understanding the dynamics of relationships—the role relationships play in our lives and the changes relationships naturally undergo over time—we are in a much better position to have realistic expectations of them. Using strong communication skills within these relationships will provide us with an opportunity to learn open, honest, rewarding interactions based on mutual respect and understanding. This holds true regardless of whether the relationship is parent/child, peer or romantic. Don't wait for others to start and/or to improve a relationship. Let good things begin with you."

Homework Assignment

Talking with Family About Relationships

(5 minutes)

Introduction

"Please take a copy of the **Relationships** handout home for your parents or guardians to complete. Our personal relationships can increase the quality of our lives in many positive ways if we choose to work on them and to keep them fresh and alive. This activity is designed to enhance family communication."

Procedure

1. Distribute a second copy of **Relationships** (Handout 17.1).
2. Ask students to take the handout home for a parent or guardian to complete. When the parent or guardian has completed the handout, students should discuss their own ideas and responses with the parent or guardian. Encourage students to ask their parents or guardians what changes their relationships (parent/child, peer, and romantic) have undergone over time.

Closure

"Realistic expectations of what a relationship is can help us make better decisions. Strong communication skills provide us with an opportunity to have more open, honest relationships. Hearing about your parent or guardian's experiences can help you have better insight into your own relationships."

Relationships

Teacher Background Information

Parent/Child Relationships

A person's first and perhaps most essential relationship is with parents or guardians. Whether this relationship is strong, weak or absent, it will have a profound, continuing impact on the individual. It is important to note that similar family circumstances can affect two people very differently because of their own unique personalities and life skills. When a person is very young, it is a parent or guardian's role and responsibility to nurture and protect the young person.

As the individual approaches and moves into adulthood, the role of the parent/guardian is to foster independence while facilitating the family's interdependence. As adolescents experience the conflict or pull between childhood and adulthood, parents/guardians often find their roles conflicting. One minute they may find themselves nurturing, protecting, guiding and controlling—and in the next moment they may expect or even demand maturity and independence from their teen. Parents/guardians and teens often agree that everyone wants what is best for the young person, but it is not unusual for them to have a difficult time reaching agreement on what is best. Good communication skills are essential to help provide a balance. Even as the young person reaches adulthood, a parent or guardian may have a difficult time "letting go."

The relinquishing of control and responsibility from parents/guardians to teens isn't always an easy process. It is, however, a normal developmental step. Adolescence and young adulthood are times of transition. Teens need to recognize that family values are still very important and that they are still dependent on their families in many ways. Their parents or guardians are there to help them make this transition into adulthood. Mutual respect for each other facilitates this transition and reduces possible conflict. This relationship will continue to evolve as students mature. Later in life they may assume the nurturing and protecting role for their parents or guardians.

Peer Relationships (Friendships)

Friendships begin very early in life. They progress from two children playing independently side by side in infancy to very deep, lifelong bonds with other human beings. Early friendships tend to be based on proximity. One's immediate neighbors are often one's closest friends. Time spent together is in play. As the school years begin, friendships tend to develop between individuals who share things in common. In the junior high years, group activities become increasingly important. By high school, many people have close friends of both sexes.

As young people assert their independence from their families, peers become more important and tend to have tremendous influence over their everyday actions and decisions. Associating with people who share similar values and beliefs and who exert a positive influence is important. Adolescents are often unaware of the subtle pressure friends place on them. Yet the effect of that pressure is very real.

Romantic Relationships

There is no magic time when romantic relationships begin, but as young people approach adolescence their interest in romantic relationships increases. Romantic relationships tend to begin with a great deal of excitement, self-doubt and confusion. The group activities of the junior high years offer a steppingstone to future one-on-one relationships. Knowing what to expect or how far to carry such things as hand holding or kissing are the focus of most of these feelings. Liking someone, infatuation and love are difficult emotions to sort through for teens.

Early romantic relationships prepare us for more committed adult relationships later in life. These early relationships usually are of a temporary nature. Other intense personal relationships (e.g., parent/child and friend/friend) are begun with the intent that they will last indefinitely. Recognizing that the romantic relationships that develop during the teen years will probably end is a difficult adjustment to make. Because these relationships are temporary, it makes more sense for adolescents to choose abstinence. It is in young adulthood that most romantic relationships result in long-term commitment and parenthood. These, obviously, are major steps, requiring major life adjustments.

The Relationship Path

Relationships give you the opportunity to share your life with others. As you grow and change, so do your relationships.

1. Parent/Child **2. Peer (Friendship)** **3. Romantic**

B **D**
I **E**
R...Infancy...Childhood...Adolescence...Young Adulthood...Adulthood...Old Age...**A**
T **T**
H **H**

HANDOUT 17.1

Name: ____________________

Relationships

Read each of the following statements. Circle the statement that best expresses your ideas and feelings. After you complete the handout, compare your answers. Discuss the similarities as well as the differences. Listen to each other's opinions and share your own.

Strongly Agree=1
Agree=2
Undecided=3
Disagree=4
Strongly Disagree=5

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Our relationships with people in no way affect our attitudes, beliefs or behaviors.	1	2	3	4	5
2. Relationships we have with our parents or guardians affect the way we relate to the rest of the world.	1	2	3	4	5
3. Young people should be taught that they have responsibilities within the family.	1	2	3	4	5
4. Young people growing up in a one-parent family always suffer.	1	2	3	4	5
5. Finding time to make relationships work is one of the hardest things to do.	1	2	3	4	5
6. Self-respect and self-understanding are essential in a healthy, quality relationship.	1	2	3	4	5
7. Young people find it hard to create an identity for themselves.	1	2	3	4	5
8. Young people find it hard to share their true feelings.	1	2	3	4	5
9. Parents/guardians need to let their teen children make their own decisions.	1	2	3	4	5

HANDOUT 17.1

Relationships (continued)

10. Young people can reasonably expect their parents/guardians to finance their wants and needs. 1 2 3 4 5
11. Parents/guardians should allow their teen children to associate with whomever they choose. 1 2 3 4 5
12. Friendships are best when two people share the same values, ideas, lifestyles and behaviors. 1 2 3 4 5
13. It sometimes is necessary to be a "different person" in order to fit in with different people or groups. 1 2 3 4 5
14. Friendships are strongest and most important when two people are of the same age and gender. 1 2 3 4 5
15. Friends should support each other no matter what the other one does. 1 2 3 4 5
16. Friends never pressure each other. 1 2 3 4 5
17. Friendship is a commitment. 1 2 3 4 5
18. We all look for the same things in a relationship. 1 2 3 4 5
19. It is easy to feel comfortable with members of the other sex. 1 2 3 4 5
20. It is almost impossible for a male and a female to have a really close relationship and still keep it platonic. 1 2 3 4 5
21. People often confuse sexual attraction with love. 1 2 3 4 5
22. People don't start having relationships until their teen years. 1 2 3 4 5
23. Communication in a relationship means letting the other person know how you feel. 1 2 3 4 5
24. Love means two people giving up their own identities. 1 2 3 4 5
25. Two people can love each other and still not be able to live together. 1 2 3 4 5

LESSON

18

Dating Relationships

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Overview

Adolescents may struggle with issues concerning love and sex as they become involved in dating relationships. It is important for them to take the time to think through their values regarding sexuality and to be able to communicate these values to others. In this lesson students watch and discuss a video portraying a teenage couple's decision-making process about whether or not to have sex.

Objective

- Students will evaluate and discuss the issues surrounding one teenage couple's decision-making process about whether or not to have sex.

Time

55 minutes.

Teacher Preparation and Materials

Have:

✔ Video "First Things First: Teenage Relationships" and a VCR for showing it.

Note: "First Things First: Teenage Relationships" is available from ETR Associates, P.O. Box 1830, Santa Cruz, CA. 95061; (800) 321-4407, fax (408) 438-4284.

Homework/Discussion

Talking with Family About Relationships

Wrap-Up

(5 minutes)

Introduction

"You were asked to spend some time talking with your parents or guardians about relationships."

Procedure

1. Ask students:
    - In what way were your ideas similar to those of your parent or guardian?
    - How did your ideas differ?
    - Were you able to gain any insights from your family?
    - Did your age difference seem to affect your views?
    - How did you feel about what your parents or guardians had to say?

Closure

"Parents and guardians don't know everything or have all of life's answers; but they are important people in your lives, and often you can benefit from the insights they have gained over the years. By taking time to talk over important issues, you have an opportunity to enhance your relationships with them and to develop more respect for each other. Opening doors to communication now may make it easier to turn to these important people when you need them most, in a time of confusion or crisis."

Video/Discussion
First Things First: Teenage Relationships
(50 minutes)

Introduction

"As young people move through adolescence, all their relationships are challenged. It is dating relationships, however, that tend to become the focus of much concern and attention. It is sometimes difficult to come to terms with emotions as one struggles with the issues of love and sex. It is one thing to sit around and talk about these issues, but as you move into emotionally charged relationships, it is often more difficult to sort through the feelings. The pressure to include sex in a relationship can be great. As you watch this video, focus on the pressure Rick and Leslie are under as far as sex is concerned. Ask yourself where the pressure is coming from, how it is communicated, and how it affects Rick and Leslie. Watch the way the two of them work through the sexual decision-making process. In particular, watch the way communication changes as the story progresses."

Procedure

1. Show the video "First Things First: Teenage Relationships." The video is 30 minutes long.
2. Discuss the video. Cover all of the issues raised. The following questions deal with parent/teen communication. Ask students:

- Was the film realistic? Why?
- Was there anything that made it less realistic? (Rick's mother will generally be identified as being "unreal" in regard to the way she talks with Rick about sex.)
- What did Rick's mother have to say? Was she giving him a "green light" as far as sex was concerned?
- What do you think she really wanted to say to him?
- If she didn't think Rick was ready for a relationship that included sex, why didn't she just say, "Rick, do not have sex"?
- Obviously Rick's mom is not going to be there holding his hand when he makes the decision to have sex or not, but what could she have said or done to make her caution stronger?
- Although Rick's mom came up with a somewhat confusing message, there were several positive things that happened between her and Rick. What were these?
- If parents don't begin a conversation about important issues like these, how can you take responsibility for getting these conversations started?

3. Direct the discussion to the topic of teens feeling pressured to have sexual intercourse. Guide students to talk about the incident involving Rick and Leslie "down at the tanks" by asking the following questions:

    - What almost happened down at the tanks?
    - Why didn't Rick and Leslie have sex that night?
    - How did Rick feel about being interrupted?
    - How did Leslie feel?

- Often we assume that one partner is going to be mad or frustrated and that the other is going to be relieved. Was Leslie really relieved?

- Leslie's first reaction was to be embarrassed. When her friends tell her she should be glad they came along Leslie says, "Maybe we should have just done it and got it over with!" What does she mean?

- If Leslie had sex with Rick, would she still feel pressured? What new pressures might there be for her?

- What other reasons did Leslie have for thinking maybe she just should have had intercourse with Rick?

- Leslie describes having "all of these feelings." Are sexual thoughts and feelings normal?

- What kinds of decisions must young people make with regard to those feelings?

- Leslie also says that Rick "really wanted to do it" and that maybe she should have gone along with him. Is sex something you do for someone else?

- Within themselves and within their relationship, Rick and Leslie were experiencing pressure to have sex. But pressure was also coming from other people. From whom was Rick getting pressure?

4. Use these questions to focus students' attention on the consequences of sexual intercourse:

   - Does sex during the teen years interfere with someone's plans?

   - In what ways does choosing to have sex interfere with future plans, other than risking pregnancy or an STD?

   - When Leslie learns about a friend who is pregnant, she says she didn't think you could get pregnant the first time. Can you get pregnant the first time you have sexual intercourse? (Tell students that egg and sperm don't count how many times they've had a chance to meet. Stress that a young woman can get pregnant the very first time she has sexual intercourse.)

5. The friend who talks with Leslie in the kitchen says that sex is no big deal. She points out only two things to be concerned about—caring about (loving) the other person and protection. Ask students the following questions regarding reasons two people might enter into a sexual relationship:

   - Are loving the other person and protection important to think about before two people move into a relationship that includes sex?
   - Are these the only things to consider?
   - What was your reaction when the friend said, "Guys will be guys. The way I see it, they're going to want to do it, and there's nothing you can do about it"?

6. Focus students' attention on seeking advice. Ask the following questions:

   - With all of the pressures and all of the confusion, Rick and Leslie did have some good people to help them. Whom did they turn to for help?
   - What did Rick's jogging buddy have to say that was helpful? Rick's mom? Leslie's sister?

   Stress that an underlying message given by each person from whom Rick and Leslie sought advice was that both of them had a lot of thinking to do on their own, and then, if they really cared about each other, they should get together and talk.

7. Focus on the importance of good communication skills in a relationship. Ask students the following:

   - Rick and Leslie's communication techniques change over the course of the video. What did you think about the conversation in which they were trying to decide whether to go to Rick's or to see a movie?
   - What was really being discussed?
   - Was the break-up necessary?
   - Was it fair for Leslie to accept a date with Mark? Why or why not?
   - What did you think about Rick's reaction?
   - At the end of the movie, Rick and Leslie get back together. What do they decide about sex within their relationship?
   - Is this any different from what they decided before? How?
   - Is the need to talk about dealing with sexual pressures behind them for good?
   - What will they need to do differently to make the abstinence choice an easier, more positive one?
   - What was the message of the song "First Things First"?

Closure

"Not all dating relationships are able to continue as Rick and Leslie's did. All too often, people don't think through what sex means to them personally, or about what its responsibilities are. Even when young people do think through the consequences, they may disagree or not communicate on this important issue. Take time to think through your own values in regard to your sexuality and all of the related concerns. Continue to learn to communicate these values to important others in your life. Don't feel a need to compromise your values or accept risks for which you cannot be responsible. When you need help or support, seek out people you admire or trust and talk to them."

UNIT 10

Sexual Decision Making

Lessons 19 and 20

Teaching Goals

- **To encourage students' acceptance of the normalcy of sexual thoughts and feelings.**
- **To promote students' recognition of individuals' ability to exercise self-control regarding personal sexual behavior.**
- **To examine why adolescents become involved in sexual relationships.**
- **To examine why adolescents choose abstinence.**
- **To help students recognize that a sexual relationship influences many aspects of an individual's life, now and in the future.**
- **To promote commitment to sexual abstinence as the best choice for young people.**

Teacher Background

The ability to set limits and to communicate assertively are among the most valuable skills a person can have. For young people, learning to set limits is a crucial part of forming an adult identity. It is not an easy task. Nowhere are the pressures greater and the right answers more elusive than in the area of adolescent sexuality, where decisions can have serious emotional and physical ramifications. Frequently teens are involved in sexual intercourse for many nonsexual reasons. The purpose of this unit is to help adolescents understand the basis of their sexual decisions and, especially, to commit to the view that sexual abstinence is the best choice they can make at this time in their lives.

Sexual experimentation (e.g., fantasies, kissing, hugging) is perfectly normal during adolescence. However, the speed with which sexual involvement progresses seems to have increased since the last generation, and this rate of acceleration is of great concern to many adults. The values of those who choose abstinence should be reinforced in all classroom discussions, while not alienating those students who choose to be involved in sexual intercourse. Young people can stop having sexual intercourse and choose to be sexually abstinent. That personal decision can be remade after further evaluation and more knowledge.

Responsibility for sexual decisions should be shared equally between partners. Ultimately, double standards hurt everyone. All students can learn to share sexual responsibility by seeing and valuing their own and others' personal futures, by understanding and accepting their role in pregnancy prevention and in parenthood. Changing the way young people view their sexual identities can have a positive impact on the postponement of sexual intercourse. Both males and females can value and respect sexual abstinence.

Students need to develop the ability to recognize various types of sexual exploitation. They need to understand the concepts of sexual harassment and "date rape" or "acquaintance rape." From a preventive standpoint, adolescents need to learn measures they can take against sexual assault, and information about where they can go for help.

Both male and female students need to realize that guessing what another person wants without actually talking about it can lead to serious misunderstandings. This type of peer pressure is one of the most damaging. The key to a good relationship is communication. By knowing their personal limits, what they are willing to do physically and how far is enough, and by assertively communicating these limits, teens greatly reduce the chances of sexual exploitation. Forming a responsible sexual self, balancing it with values, and considering the consequences of choices is a lot to manage, but it is an essential step in the development of self-esteem, self-control and responsibility.

LESSON

19

Sexual Responsibility

Overview

Setting limits and communicating assertively are essential skills for adolescents to learn. This lesson is designed to help adolescents sort out feelings about their sexual decision making. Students will view a video, "Sexual Responsibility: A Two-Way Street," and then evaluate and discuss why and how adolescents choose sex or abstinence.

Objective

- Students will evaluate and discuss the issues surrounding teenagers' decisions to have sex or to choose abstinence.

Time

50 minutes.

Teacher Preparation and Materials

Read:

✔ Teaching Goals and Teacher Background for Unit 10 (Sexual Decision Making).

Have:

✔ Video "Sexual Responsibility: A Two-Way Street" and a VCR for showing it

Note: "Sexual Responsibility: A Two-Way Street" is available from ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061; (800) 321-4407, fax (408) 438-4284.

Video/Discussion

Sexual Responsibility: A Two-Way Street

(50 minutes)

Introduction

"Today's video touches on a lot of the issues we were discussing earlier. 'Sexual Responsibility: A Two-Way Street' gives us an opportunity to observe people who must deal with sexual decisions within their dating relationships. As the title emphasizes, our discussion will focus on making responsible decisions about sex. The video defines this as 'decisions that are based on one's personal goals, that take into account one's partner's feelings, needs and values, and that protect both partners against the danger of disease or unwanted pregnancy.' The two couples you'll be watching are Sean and Sara and Jimmy and Charlene. Adopting a sexually abstinent lifestyle is a responsible decision. Both couples eventually choose to wait to have sex, but there is considerable struggle and pressure before they do so. Follow along with host Carl Anthony Payne as he highlights the many issues as they arise."

Procedure

1. Show Part I of the video "Sexual Responsibility: A Two Way Street." The following questions will prompt students to discuss their impressions and reactions to Part I:

   - Often teens will describe partying as being a weekend highlight for them—the best of times. Are weekend parties really the best of times?

   - When a party is held at the home of someone whose parents are away for the weekend, pressure and confusion can make for less than the best of times. Have you made a responsible choice when you attend a party where no parents are present? Why or why not?

   - Even for a person whose values are fairly well established, the situation where no parents are present can create a real challenge. Why?

- For persons who don't really know what they think is right or wrong for themselves, the "no parent at home" situation can be devastating. Why?

- If all of this is true, why do "no parent at home" parties have everyone getting so excited, so sure of a good time?

2. Point out that the media have a powerful influence on our society. The following questions help students analyze this impact on their lives:

   - What do you think about Chris, the teen sitting in the corner watching music videos?

   - How do movies, TV, music, billboards, magazines, etc., portray sex? Can you think of any examples?

   - How do you think these messages affect people?

   - How are women and men portrayed in these examples?

   - Is this a positive message?

   - Is this a responsible message?

3. Tell students that peer pressure can be positive or negative. Have students analyze the peer pressure modeled in the video by asking the following questions:

   - How did you feel about the boys' discussion in the kitchen? Do you think this kind of talk is typical?

   - Are these boys acting in stereotypical ways?

   - What is the difference between subtle and direct peer pressure? (Encourage students to give examples.)

   - Does peer pressure have different effects on different individuals?

   - Having the approval of our friends is a natural part of friendship, but if we do things mainly to get this approval, we are prey to negative peer pressure. To see how this might affect decisions you make about sex, ask yourself this question (do not answer aloud): Which would make me feel more uptight—if classmates thought I was having intercourse or if they thought I wasn't having intercourse?

- Would the answer be different for different groups?
- What has happened to give you this feeling?
- Why are people so vulnerable to peer pressure about sexual questions?
- What are some techniques for dealing with direct peer pressure? with subtle peer pressure?

4. Discuss the specific interactions of the two couples in the video. Prompt students to evaluate the communication skills of these couples by asking the following questions:

   - Sean and Sara have apparently planned their night together. Why did Sara let it get this far if she is so unsure?
   - Is it fair for her to back down at this point?
   - Once two people have sex together, they are responsible for all of the risks and concerns associated with it. Nothing changes that. Could they, however, choose to return to a sexually abstinent relationship?
   - Why would anyone choose to return to abstinence?
   - What reasons did Sean and Sara use to guide their decisions?
   - Do you feel they communicated well? Why or why not?
   - Jimmy and Charlene seemed to have been fairly comfortable with their relationship before this particular night. Why did everything suddenly explode for them?

- How did you feel about Charlene taking the initiative to engage in sexual activity?
- Did she communicate clearly to Jimmy what she wanted?
- Why would she get so upset about Jimmy having a condom in his pocket?
- What did you think about his having the condom?
- How well did the two of them deal with the misunderstanding?
- What could they have done or said differently?

5. Show Part II of the video. After viewing Part II of the video, encourage students to analyze why's and how's of communication. Some discussion questions include:

- What happened between Sean and Sara the night of the party?
- Why did Sara end up crying instead of just talking to Sean?
- Had Jimmy and Charlene ever really talked about how they felt about sex?
- Why do people often talk to friends about how they feel before talking to a boyfriend or girlfriend?
- Was each partner clear on his or her own motivations?
- Could the scene between Sara and Sean have been avoided?
- Who is responsible for deciding how far to go in a relationship?
- How did you feel about the couples' communication at the end of the video?

- What, specifically, made for good communication?
- Was there anything they could have done that would have been even better?

Closure

"Making responsible decisions regarding sexuality isn't always easy; but with clear thinking, an awareness of the pressures and pitfalls, and strong communication skills, responsible decisions can lead to responsible behavior. For both couples in the video, the choice to be sexually abstinent could have alleviated their problems on the night of the party. Think about what is right for you before a similar situation arises."

LESSON

20

Abstinence Is The Best Option

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Overview

This lesson focuses on the idea that sexual abstinence is the wisest choice for adolescents. It also explores how adolescents can avoid exploitation in dating relationships. Students work in small groups to brainstorm reasons why sexual abstinence is the wisest choice for teens and how teens can best prevent sexual exploitation.

Objectives

- Students will list reasons why sexual abstinence is the wisest choice for teens.
- Students will list ways teens can best prevent sexual exploitation.

Time

50 minutes.

Teacher Preparation and Materials

Have:

- ✓ Scrap paper.
- ✓ Butcher paper.
- ✓ Markers.

Copy:

- ✓ **Avoiding Sexual Exploitation in Dating Relationships** (Handout 20.1), one for each student.

Learning Activity
Advertising for Abstinence
(20–25 minutes)

Introduction

"We've discussed the current philosophy in our society that 'sex sells.' We acknowledged that the media tend to feed upon the excitement and/or emotions connected with sex and sexuality but not upon the reality or negative consequences of unprotected, uncontrolled sexual activity. Values, personal growth and development, unplanned pregnancy and STD tend to get little attention. Most people, at some point in their lives, choose to move into a relationship that includes sex, but, ideally, young people will choose abstinence, for very practical reasons. Today, let's balance the media coverage by campaigning for abstinence as a positive lifestyle choice."

Procedure

1. Divide the students into small groups of four or five. .
2. Distribute scrap paper, butcher paper and markers to each group.
3. Ask the groups to brainstorm for a few minutes to formulate a list of reasons why sexual abstinence is the wisest choice teens can make for themselves. They should write these reasons on the scrap paper provided.

4. When the lists are complete, ask the groups to discuss how they might incorporate several or all of these ideas into a billboard promoting abstinence. Encourage the groups to sketch out a few of their ideas on scrap paper before beginning their posters on the butcher paper. Inform students that their "ads" will be displayed in the classroom.

Closure

"Sexual abstinence offers many positive benefits for the individual, for relationships, and even for society that are often overlooked. Sexual abstinence, for most, is not a lifetime choice, but at various points in one's life, such as adolescence, it has much to offer."

Learning Activity

Avoiding Exploitation

(20–25 minutes)

Introduction

"Throughout this program, we have emphasized the power of the individual to choose wisely for himself or herself and the importance of taking into consideration and respecting the values and needs of others. Essentially, this means acting responsibly. But because not all individuals act responsibly, exploitation in relationships is a reality that must be addressed. Exploitation, by definition, is using another person for selfish purposes. An often overlooked issue is that of date rape."

Procedure

1. Involve the entire class in a discussion of date rape. Questions may include the following:

   - What is date rape?
   - Is it really rape?
   - Is it true that once a male gets "turned on" he's got to go "all the way"?
   - If a female dresses provocatively, is she responsible for a date rape?
   - When a female says no or please don't, does she really mean yes?
   - How do society's attitudes toward male and female roles contribute to date rape?
   - What other factors contribute to the incidence of date rape?
   - Although date rape usually refers to a male using physical strength to force a female to have sexual intercourse with him, are there ways in which females exploit males?

2. Divide the students into small groups of three or four. Ask groups to label a piece of paper "Avoiding Exploitation" and to establish two columns under it. One of these should be labeled "males" and the other "females." Ask the groups to generate a list of ideas of ways males and females can best prevent exploitation.

3. When students have completed their lists, distribute **Avoiding Sexual Exploitation in Dating Relationships** (Handout 20.1). Review the ideas with the students. Let them know that it is these kinds of ideas that you hope they have been able to discover for themselves. Ask for any additional ideas the groups have listed. Encourage students to add these to their handouts.

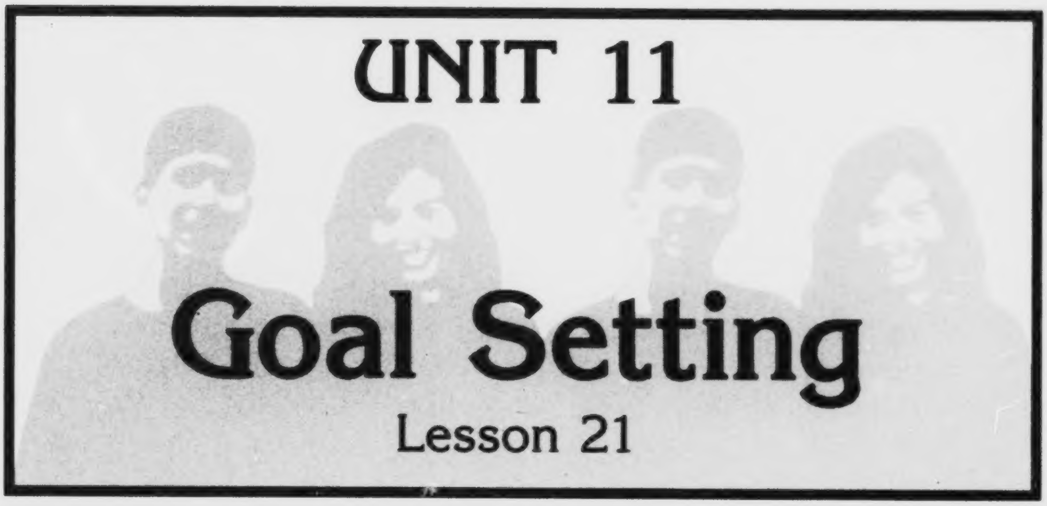
Closure

"Taking responsibility for yourself sometimes means recognizing that others may not be willing to take responsibility for their own actions. Taking responsibility means taking extra measures to ensure that you are protecting yourself against your own vulnerability to whatever extent possible. Should rape or exploitation occur, it is important to recognize that it is not your fault. Ask for adult help when you need it."

Name: ____________________

Avoiding Sexual Exploitation in Dating Relationships

- **Know your sexual limits.** Believe in your right to set those limits. If you are not sure, stop.
- **Communicate.** Talking is the basis of any good relationship. Tell your girlfriend or boyfriend what you want. Find out what she or he thinks and feels.
- **Be assertive.** Passivity may be interpreted as permission. Be direct and firm with someone who is pressuring you sexually. Say no when you mean no. Move away. Leave if possible or necessary.
- **Be aware of the messages you may be sending.** People may assume that "sexy" clothing and/or flirtation indicate you want to have sex.
- **Accept a "No" at face value.** "No" always means no, no matter how quietly or shyly it is said. Don't continue after a "stop," or "please don't," or a "no."
- **Place the greatest importance on verbal messages.** Don't assume that because a person dresses in a sexy manner and/or flirts that he or she wants to have sex.
- **Previous permission does not apply to the present.** A yes yesterday can still be a no today. A person has the right to change his or her mind.
- **Trust your intuition.** When you first get the feeling that things aren't OK, say something or do something to try to get out of the situation.
- **Avoid alcohol and drugs.** Clear thinking and effective communication are difficult when "under the influence." Responsibility for actions remains.



UNIT 11

Goal Setting

Lesson 21

Teaching Goals

- **To establish goal setting as a means by which the individual may exercise control over his or her environment.**
- **To develop skills necessary to establish and achieve goals.**

Teacher Background

The purpose of this unit is to encourage teens to examine choices they may not have thought about and to consider these options responsibly. Learning to recognize and develop personal priorities in order to manage time more effectively is a great step toward responsible decision making. This defining of priorities can help young people set goals and direct their lives in productive ways. Many students need help in distinguishing between just drifting through life—letting external circumstances push and pull them with no real purpose or direction—and knowing where they are headed, why they chose this path, and how they are getting there.

Teens are more likely to reach the goals they set if they base them on their interests, abilities and values. As adolescents continue to grow and develop, they gain new abilities, which, in turn, aid them in the setting of new goals. Students can enhance the meaning of their goals, and help themselves to be strong when they are caught up in the speed and pressure of everyday obligations and responsibilities, by basing their goals on the beliefs that are central to their lives.

An adolescent's strongest interest can be a powerful force in helping him or her to choose and reach goals. Natural abilities and talents are important aids when a teen is setting his or her goals. If a student shines at a particular sport, is a math whiz, or has paintings hanging all over the art room, his or her abilities are obvious, and goals may be easier to set and meet. But for many students, this is not the case. They need extra help in recognizing and developing their abilities and in understanding that a goal provides something toward which they can aim.

Choices are clearer when young people know what they want. By helping students to set some goals that they can reach quickly, teens gain small successes which encourage them to work toward larger goals and gain control over their lives. The development of good goal-setting skills during adolescence has a positive effect on a young person's entire life.

LESSON 21

Setting Achievable Goals

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Overview

The development of good goal-setting skills has a positive effect on a person's entire life. Goals give a person the purpose and direction needed to gain control over his or her life. This lesson focuses on what a goal is, the types of goals high school students might have, and how goals can positively and negatively affect students' lives.

Objectives

- Students will discuss and explain their ideas about goals.
- Students will discuss guidelines for goal setting.

Time

50 minutes.

Teacher Preparation and Materials

Read:

✔ Teaching Goals and Teacher Background for Unit 11 (Goal Setting)

Make:

✔ **Goal Setting at Its Best** (Transparency 21A).

Copy:

✔ **Goals: Taking Charge of Life** (Handout 21.1), one for each student.

✔ **Steps for Setting a Goal** (Handout 21.2), one for each student.

Learning Activity

Goal Setting

(40 minutes)

Introduction

"The goal throughout this program has been to empower you to bring about the best in yourself and your world. The development of personal goals and life plans allows you to draw upon the knowledge and skills you've developed over the past several weeks to make what you want and need for yourself happen as you move toward your future. Goal setting allows you to enjoy and make the most of today as you move toward the future of your own choosing."

Procedure

1. Divide students into small groups of four or five. Distribute **Goals: Taking Charge of Life** (Handout 21.1). Ask the groups to discuss the questions thoroughly and briefly record responses to each.

2. When all groups have finished, discuss each of the questions as a class.

3. Distribute **Steps for Setting a Goal** (Handout 21.2). Place **Goal Setting at Its Best** (Transparency 21A) on the overhead projector. Use the transparency to guide a discussion of the handout. Explain to students that important components of goal achievement are the quality of the goal itself and the individual's ability to take charge of his or her own life. Review the criteria for setting goals. Provide examples of poor goals that would probably result in failure. Ask students to help change these into goals that would encourage achievement.

Closure

"Without goals many people wander aimlessly through life, simply allowing whatever happens to happen. Goal-directed living allows you to create meaning and purpose in your life. Goal-directed people know that they can change their life situation if they choose. Goals help people recognize their personal power to make positive things happen for themselves as well as for others."

Lecture/Discussion

Goals Create the Future

(10 minutes)

Introduction

"As you begin to formulate goals for yourself you are, in fact, involved in life planning. You are positioning yourself to move toward a future of your own choosing. Each wise decision you make, each positive goal you reach, takes you one step closer to being a confident, capable adult."

Procedure

1. "Memories serve to connect us with our past, and we live in the present, but often we have a difficult time identifying with the future. But by the time you have reached high school, you have lived long enough to know that the first

grader does become the middle school student, and then the high school student. In the same way, you will become an adult. Obviously, various crises could interfere with your reaching old age—but don't count on it.

"You will create life situations for yourself. But positive life situations don't just happen; they take thought, energy, effort and life skills. Adults who have good things happen to them may say they haven't planned these things, but they often fail to consider all of the personal groundwork they laid for themselves. They prepared themselves so that they were in a position to take advantage of the opportunities that arose. They probably had enough self-knowledge, self-esteem, confidence, decision-making skills, communication skills, etc., to accept a change in their lives, move with it, and make good things happen as a result of it.

"What you did yesterday, what you do today, and what you will do tomorrow are all important to what you become as you move toward independence."

2. "Life planning requires that you ask yourself and answer three basic questions over and over. By asking and answering the questions on a continuous basis, people are able to direct and redirect their lives to adapt to personal changes, their changing life situations and the changing world. What

you want for yourself at age fifteen can be very different from what you want at age thirty—and very different from what you want at age sixty. The best thing you can do is make decisions that will leave you with few or no regrets, decisions that will enable you to make necessary changes in your life when needed."

3. List these three questions on the board:

   - Who am I?
   - What do I want for myself in the future?
   - What am I willing to do to get there?

   Discuss these questions with students:

   "When a person asks 'Who am I,' a multitude of questions arise: What do I believe in? What are my values? What's important to me? What do I like? What are my strengths and abilities? What can I really get excited about? It is equally important to ask, What don't I like? What frustrates me most? What are my weaknesses? What situations do I wish to avoid?

   "The second question—'What do I want for myself in the future?'—doesn't require a crystal ball or intimate knowledge of the details of the future. Instead, as you contemplate what you want for the future, you should recognize that decisions made during your high school years influence life after high school. Decisions made about post-high school education often lead to a specific job or career. A job or a career helps to define a lifestyle. Essentially, this question is about the interconnectedness of past, present and future. It asks you to begin to develop the 'big picture' of your life and then move toward that future with care and thought.

"The third question is critical. The answer to it determines your personal success or failure. Thoughts, as reflected in Question 1, and dreams, as reflected in Question 2, are important, but it's what you are willing to do with these that is the critical factor. Question 3 asks for a commitment of time, energy, money, sacrifice, and so on."

Closure

"I hope you have been thinking about these issues for some time. This program has been designed to give you increased life knowledge and life skills. In the next lesson, you will be asked to give serious thought to who you are and where you are going with your life. We'll talk more about the things that could affect your future, as well as spend more time developing skills in goal setting."

TRANSPARENCY 21A

Goal Setting at Its Best

1. Clearly state your goal.
2. Determine that your goal is reasonable for you.
3. Base your goal upon individual effort.
4. State your goal in measurable terms.
5. Assess how much you want this goal.
6. Write down your goal.

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Name: ____________________

Goals: Taking Charge of Life

Discuss each of the following questions thoroughly and then write a brief response to each.

1. What is a goal? ____

____

2. Why are some people able to set goals and then make them reality, while others talk about what they want but never seem to be able to achieve their goals? List as many distinguishing factors as you can.

____

____

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3. What are some examples of short-term goals that high school students might have?

____

____

4. What are some examples of long-term goals that high school students might have?

____

____

HANDOUT 21.1

Goals: Taking Charge of Life (continued)

5. Why are short-term goals generally easier to achieve?

6. How can long-term goals be made more manageable or achievable?

7. Can a person who is fun-loving and spontaneous work well with goals? How?

8. How do goals help people enjoy and make the most of life?

9. When might goals negatively affect a person's life?

10. Should an individual achieve all the goals he or she sets? Why or why not?

Name: ____________________

Steps for Setting a Goal

1. Clearly state your goal.
    a. Reduce ambiguity.
    b. Ensure that you have a starting point to measure your goal achievement.
    c. State your goal in definite terms.
    d. Identify only one goal at a time within your goal statement.

    Poor: "I want to be rich and famous."

    Better: "I want to be a practicing lawyer by age twenty-eight."

2. Determine that your goal is reasonable for you.
    a. Ensure that the goal fits your personal values.
    b. Determine that the goal is achievable, given your interests and abilities.
    c. Believe that you can achieve the goal.

    Poor: "I will be valedictorian of my graduating class" (for an average student).

    Better: "I will maintain passing grades in all of my classes during each grading period this year" (for an average student).

3. Base your goal upon individual effort.
    a. If your goal requires cooperation, obtain the other person's permission and establish the goal as a joint goal.
    b. If your goal involves encouraging effort or action on the part of someone else, state it as an invitation or request.

    Poor: "I will be class president."

    Better: "I will run for class president during class elections this year."

Steps for Setting a Goal (continued)

4. State your goal in measurable terms.
   a. Determine what it is you wish to gain (e.g., a car, a relationship, a job).
   b. Establish a timetable (by when?) for goal achievement.

      Poor: "I will get information on colleges I'm interested in."

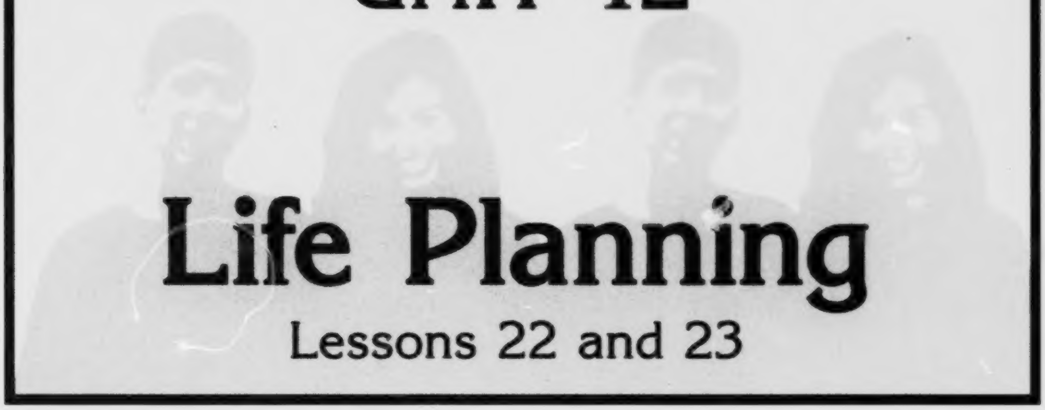
      Better: "By Saturday of this week I will send four letters requesting information on colleges I'm interested in."

5. Assess how much you want this goal.
   a. Determine that the goal is something you really want to do.
   b. Ensure that the goal enhances life for yourself and/or others (or, at the very least, is not destructive).

      Poor: "I will take twenty dollars from Mom's purse by noon Friday."

      Better: "I will earn twenty dollars by noon Friday."

6. Write down your goal.



UNIT 12

Life Planning

Lessons 22 and 23

Teaching Goal

- **To increase the knowledge, attitudes and skills needed to formulate life plans that provide meaning, direction and purpose of action to students' lives.**

Teacher Background

The purpose of this unit is to help adolescents identify future goals and create strategies to achieve these goals. The normal adolescent usually holds two concepts of self—what he or she is and what he or she plans to become. Most teens have a general idea of their future; some young people make specific plans while others avoid planning. For many, the future is a continuation of what their families are like now. Others choose to branch out and chart new territory for themselves, but in all cases the decisions they make must ultimately be their own.

Adolescents face many alternatives for the future, e.g., to stay in school or drop out, to delay parenthood or become a teen parent, to attend college or get a job. When they are bombarded by choices and decisions to be made, young people who lack an adequate sense of self and sense of the future can feel overwhelmed. Becoming aware of life options, developing a sense of what they want, and continually examining and reevaluating the pros and cons of various alternatives make it possible for young people to make wise, responsible choices and to plan productive goals, interests and activities.

Adolescents who develop a strong commitment to future careers and feel assurance that they can carry out their life goals are more careful about their sexual behavior than those whose lives hold little hope of opportunity. Helping students get a picture of what it is they want to accomplish helps them envision a personal future. The development of good decision-making and goal-setting skills can empower young people in the attainment of their life goals.

LESSON

22

What Would My Life Be Like?

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Overview

This lesson helps adolescents identify and create strategies to achieve future goals. Ultimately, students must make their own decisions, so it is important for them to learn to continually examine and reevaluate the pros and cons of what they want to accomplish.

Objectives

- Students will evaluate and discuss typical life-planning decisions that adolescents make.
- Students will predict the possible effects of hypothetical decisions on their own lives.

Time

55 minutes.

Teacher Preparation and Materials

Read:

- ✓ Teaching Goals and Teacher Background for Unit 12 (Life Planning)

Copy:

- ✓ **High School Graduate vs. Dropout** (Handout 22.1), for two students.
- ✓ **Teen Parenthood vs. Delayed Parenthood** (Handout 22.2), for two students.
- ✓ **Work After Graduation vs. Post-High School Education** (Handout 22.3), for two students.
- ✓ **What Would My Life Be Like?** (Handout 22.4), one for each student.

Learning Activity

Life Choices

(30–40 minutes)

Introduction

"A person contemplating the future has many options to consider. Often it is difficult to determine which of those life options is best. As with so many things, each of the life options has pros and cons associated with it. Today's activities are intended to provide you with an opportunity to think through some of the various directions you could take in life."

Procedure

1. Place three chairs in the front of the classroom so that all three chairs face the class. Each life choice situation requires three volunteers who are designated "A," "B," and "Decision Maker." Use a different set of volunteers for each situation to involve more students in the activity. A should stand to the left of the chairs, and B should stand to the right of the chairs. The Decision Maker moves back and forth among the three chairs. If the Decision Maker agrees with the argument A is presenting, he or she moves to the chair nearest A. If the Decision Maker agrees with the comments from B, he or she moves to the chair nearest B. If confused or undecided, the Decision Maker may rest in the middle chair until a final decision is made.

2. For each situation, provide volunteers A and B each with a copy of **High School Graduate vs. Dropout** (Handout 22.1), **Teen Parenthood vs. Delayed Parenthood** (Handout 22.2), or **Work After Graduation vs. Post-High School Education** (Handout 22.3). Give the volunteers time to read through the scripts and formulate their ideas. En-

courage them to use the scripts as guidelines for their arguments.

3. Identify the life choice to be made by the Decision Maker and the positions to be taken by A and B. If possible, write the positions on the board. Explain that A and B will alternately make statements to persuade the Decision Maker to move to their side. A and B must make their arguments as convincing as possible. The Decision Maker may move several times during the debate but must make a final decision when A and B conclude their arguments.

4. After each life choice is made, discuss some of the thoughts the Decision Maker shares. Questions may include the following:

   - How did it feel to be in the "hot seat"?
   - Did you have difficulty making a choice?
   - Did you already know what your decision would be before the arguments began?
   - If so, do you feel that you even listened to the other side?
   - What was a deciding factor for you?
   - Did you find yourself thinking about how the class would judge your decision?
   - Did the class affect your decision?
   - Did you feel you were in a position to make this life choice? Explain.

5. Briefly discuss with the entire class each situation and the arguments for and against the life choice. Questions to prompt class discussion include:

   - Did you feel that all appropriate arguments were included?

- If not, what else might have been included?
- Is one choice the best decision for all people to make? Why or why not?
- What kinds of things help a person know which is best for him or her?
- Who influences personal choices?
- Who is most likely to know what is best for a person?
- How can a person best utilize others' ideas about what he or she should do?

Closure

"Sometimes life choices are made very carefully, but too many times, life choices are made with very little thought. Students may drop out of school because they're tired of daily hassles, but they may not consider how dropping out will affect their future. A teen may become a parent because he or she allowed sex to 'just happen' and didn't consider the consequences. Others may head off to college only because they can't think of anything else to do; they may waste a lot of time and money and not get anywhere. Every decision you make and each goal you set and achieve moves you toward your future. What kind of life do you want to create for yourself?"

Learning Activity
What Would My Life Be Like?
(10–15 minutes)

Introduction

"In our last activity, you had an opportunity to think through several life choices. In this activity you will contemplate life choices again—this time on a personal basis."

Procedure

1. Distribute **What Would My Life Be Like?** (Handout 22.4) to each student. Read the directions aloud. Ask students to consider the personal impact of each life choice.
2. When students have had an opportunity to complete the handout, discuss their reactions to it. Use the following questions to initiate class discussion:
   - How difficult was it for you to envision the personal impact of each life choice?
   - What things help people know which life choice will be best for them?
   - Do you think your ideas about each of the life choices are likely to be the same five years from now?
   - What can you do to keep moving toward the life choices that are best for you?

Closure

"Today we've spent a great deal of time thinking about your options in life. Taking time to figure out who you are and what you want out of life is an important first step. Next we'll be talking about how to actualize your goals so that you can experience success."

Name: ____________________

High School Graduate vs. Dropout

A. A high school diploma is an important first step to getting ahead in life. Education is important in our society.

B. High school is a waste of four good years. Once you have the basics for everyday living, the rest is useless.

A. High school is important and necessary if a person wants more than welfare or a minimum wage.

B. High school either keeps people learning the basics over and over or, if you're advanced, taking courses in English literature, geometry, chemistry and calculus. How many people really use any of that?

A. High school offers the chance to learn things that prepare you for specific jobs that interest you. Many good careers require a high school education at the very least.

B. You're only young once. Doesn't it make more sense to get out there and experience life while you can enjoy it most? Later, if you want or need more education, you'll know enough to get the kind of education you want and need, and take it seriously. Lots of adults go back to school.

A. What can you do to experience life during the teen years? Lock yourself into a job serving hamburgers? Get married and have kids? You'd be too busy working and taking care of your family, not to mention too broke, to go back to school. Some people do go back to school, but returning to school is harder than staying in school. Other students would be far ahead of you, and you'd be scrambling to catch up!

High School Graduate vs. Dropout (continued)

B. If trying to catch up with others is what you're afraid of, just get your GED and get a better job. It makes no sense to spin your wheels for four years. Adults are too afraid to admit that teens are real human beings who can make it on their own if adults will just let them grow up.

A. An academic education is important. Getting a GED is important if you don't have a high school diploma, but it's like accepting second best. What about the things you will miss if you drop out of school—the friendships, the social skills, the opportunities to be involved in a variety of activities, the chance to figure out who you are as a person before you have to make it on your own. If you drop out of school just because you don't want the hassle of taking tests or dealing with teachers, you're probably going to end up in trouble. Your whole life could be ruined.

B. How can people figure out who they are when they never get to do what they want? Students aren't allowed to think for themselves. School isn't a "stay-out-of-trouble" place. At some schools, drugs and violence make it almost impossible to learn anyway. You're not safe from these things just because you're in school. If a person wants trouble, there's plenty of it in school.

A. School still offers the best choice to get ahead. School is not always easy, but if you want good things for yourself—now and in the future—you should stay in school and make it a positive experience.

B. I say grow up and get on with life. High school is for people who are afraid to grow up. You learn more about life by being out in it and enjoying it while you're young. Drop out now and be the person you want to be and do what you want to do.

Name: ____________________

Teen Parenthood vs. Delayed Parenthood

A. Teens are going to have sex, but few teens want to hassle with getting and using birth control. Besides, there are benefits to having your children while you're still young.

B. Not all teens are sexually active. And those who do engage in sexual intercourse need to be aware of the risks they're facing. Teens need to know that there's plenty of time for sex and babies later and that they'd do themselves a favor by waiting. People who are having sex and not protecting themselves against pregnancy and disease are ignoring the risks and the consequences.

A. There are benefits to teen parenthood. If you become a parent while you're still young, your children will be raised and gone, and you'll have a lot of good years left while you're still young enough to enjoy them. Besides, if you're still young, you can relate to your kids better, more on their level.

B. Some teens do choose to parent—some because they think they want to, others because an unplanned pregnancy occurred and they're trying to do the responsible thing. Teens need a chance to figure out where they're going in life. They need a chance to finish their education. Babies need two mature parents who want and are ready to raise a child. Teens are still being raised by their parents and may not be ready to raise a child of their own.

A. There are teens who are raising kids and doing a good job of it. Some people just like kids. Teen parents' main problem is convincing other people that they have a right to raise kids if they want to. Lots of teens are ready and mature. Besides, who knows if or when they might get another chance? Look how many adults can't have babies when they want them.

Teen Parenthood vs. Delayed Parenthood (continued)

B. Some teens do a good job of parenting, but as rewarding as parenting can be, it's hard work and it's expensive. If a teen is doing a good job, it often means the teen's parents are helping out a lot. How fair is it to have the grandparents parenting all over again when it wasn't even their decision to help raise a child? Some teens are mature for their age, but are they ready to raise kids? When teens have babies, society pays, the teens' parents pay, the teen mother and father pay—but most of all the baby pays. It's not fair.

A. If two people have sex and a pregnancy occurs, they have the right and the responsibility to raise the child. Lots of teens do it on their own.

B. Very few teens can really make it on their own. Juggling a low-paying job, school (if they don't drop out), and a baby is difficult. Too often the teen mother is left to care for the baby alone. The teen father takes a hike and doesn't come back. Or even if they marry, they end up divorced in no time. If teens do have a baby, giving it up for adoption would provide a mature couple with a much-wanted family, provide the baby with a secure, stable family environment and a mature mother and father, and provide the teenagers with a second chance to finish their education and grow up.

A. I still say there's a lot to be said for raising children while you're still young. Life is best when you have someone to love and someone who loves you back. A baby might be all some teens have to love.

B. To bring children into the world to share your love with them is beautiful, but it takes more than love to make it in this world. Babies aren't all cuddles and smiles; they have needs and can be very demanding. As rewarding as parenthood may be, I think the parent has more to offer and enjoys the experience more if he or she waits. A lot of things that are worth having are worth waiting for.

Name: ____________________

Work After Graduation vs. Post–High School Education

A. Why would somebody want to pay to go to school after just finishing twelve years of it? There are lots of jobs out there that pay just as much or more than those that require a college degree.

B. Sure there are some decent jobs out there for people with high school diplomas but most jobs require further education—specialized training, career schools or college. Post–high school education is the key to better jobs and careers that are more than just a paycheck.

A. While you're spending lots of money and worrying about tests and grades (for four years or eight years or whatever), you could be getting on with your life! When the college student is just getting started, you could have that many years of experience on the job. While the college student is going into debt to pay for college, you could be making money. There's more to life than school and work.

B. Post–high school education doesn't have to involve a lot of time. It might be six months, two years, four years, or more. You can choose the type of education that will get you where you want to go. High school supplies a general education that everyone is required to have; after high school, the education is specialized. You select the education that meets your own needs, interests and abilities. The dollars spent are an investment in the future. Some people may spend more time and money preparing for a career, but they often are able to catch up and surpass the less educated very quickly. Also, they're not just working in any old job they can get; they're working in a career they have chosen and

Work After Graduation vs. Post-High School Education (continued)

prepared for—one that allows them to develop the kind of life they want for themselves.

A. Not everyone can afford to go on to school. And what if a person doesn't know what he or she wants to do? I know lots of people who start a career school or college and then drop out—they waste time, they're in debt, and they're no further ahead than when they started. People need a break after high school! Talk to some adults; I think most will tell you that they learned most of what they need to know on the job anyway.

B. Anyone who wants an education will find a way. There are many scholarships, and they're not all just for the smart kids. Lots of free money goes unclaimed every year, because no one bothers to go after it! Also, financial aid is available in the form of grants, loans and work-study programs to students who can't afford the cost of college. A person doesn't have to go to the biggest, most expensive schools to get ahead. Going on with school isn't always easy. A person really has to think about what he or she wants in life and then make a personal commitment to reach that goal. Someone in school just to bide time is wasting both time and money. A person needs to think and plan. Many times, though, if you wait too long after high school you never get back to school. People get caught up in the responsibilities and reality of adult life, and they often end up just spinning their wheels. It can be even tougher to go back to school than it is to go on to school. People do learn a lot on the job; I don't disagree about that, but it's education that gets them the job of their choice.

HANDOUT 22.4

Name: ____________________

What Would My Life Be Like?

Read each of the statements carefully. Take a few minutes to think about what your life would be like if you were to make that particular life choice and then complete the statement. Write one sentence or several sentences to describe how that life choice would affect you.

1. If I dropped out of high school ______________________________
____
2. If I graduated from high school ______________________________
____
3. If I graduated from high school, but I didn't pursue post-high school education ______________________________
____
4. If I completed a post-high school education, such as college
____
____
5. If I left home now ______________________________
____
6. If I worked at improving my relationship with my family
____
____
7. If I got married tomorrow ______________________________
____

What Would My Life Be Like? (continued)

8. If I got married later in life ______________________

9. If I never got married ______________________

10. If I became a parent now ______________________

11. If I had children later in life ______________________

12. If I never had children ______________________

13. If I had to work at a job I disliked ______________________

14. If I could choose my own career ______________________

15. If I could do anything I wanted in life ______________________

LESSON 23

Getting to the Future

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Overview

This lesson helps students to establish short- and long-term goals, and to develop the skills to achieve those goals. Students are encouraged to choose sexual abstinence as the best way of getting what they want and need out of life.

Objectives

- Students will write short- and long-term goals for themselves.
- Students will list the steps for and possible barriers to achieving a goal.
- Students will discuss and evaluate how early sexual involvement could interfere with reaching their goals and how sexual abstinence could help in the achievement of their goals.

Time

60 minutes.

Teacher Preparation and Materials

Make:

- ✓ **Sexual Abstinence During the Teen Years** (Transparency 23A).

Copy:

- ✓ **The Life-Planning Line** (Handout 23.1), one for each student.
- ✓ **Goals: Getting There** (Handout 23.2), one for each student.
- ✓ **Sex Can Wait** (Handout 23.3), one for each student.

Learning Activity
The Life-Planning Line
(10 minutes)

Introduction

"By the time you reach high school, it may seem as if you've lived a long time (and you have), but when you recognize that you've only just begun, it's incredible. You are now reaching the point in your life where you will be in full control over the direction it will take. Learning to make wise decisions and choosing positive life directions now (while you still have the support and guidance provided by family, school, church, etc.) is very important. Much of what you do now will affect you later, since each day actually becomes, the future."

Procedure

1. Distribute **The Life Planning Line** (Handout 23.1). Have one student read the directions aloud. Encourage students to refer to **Goal Setting at Its Best** (Handout 21.2) from Lesson 21 to ensure that their goals are well written. Remind students that goal achievement begins with specific, realistic goals.

2. When students have completed the handout, discuss the goal-setting and life-planning process by asking the following questions:

   - Were you able to develop all five goals?
   - Which were easiest to identify: those that were in the near future or those five or ten years down the line? Why?

- Did you surprise yourself with anything you wrote down?
- Do you feel that all five are reasonable goals that you can and will achieve?
- How does it feel to have your goals established?
- What role did your values play in establishing your goals?

Closure

"Setting goals is important. Believing in yourself and your ability to achieve your goals, however, is equally important. A positive attitude can often make the critical difference between success and failure. But personal control in your life requires the integration of a positive attitude, life skills, self-discipline and real effort so that you can actually achieve the goals you have set."

Learning Activity

Goal Achievement

(20–25 minutes)

Introduction

"Up to this point, we've talked about setting goals. This exercise focuses on actually achieving those goals. You'll be asked to identify the things that will help motivate you to reach your goal. You'll be identifying and finding ways to overcome things that can prevent you from reaching your goal. You'll be identifying the resources available to aid you. And finally, you'll be asked to make a commitment to begin progressing toward that goal."

Procedure

1. Distribute **Goals: Getting There** (Handout 23.2).
2. Ask students to complete the handout as thoroughly as possible. Encourage them to use one of their goals identified on **The Life-Planning Line** handout.
3. When students have completed the handouts, ask them to pair up with a partner to discuss their goals. Partners should be encouraged to aid each other in identifying things the other may have overlooked. Partners can help to overcome barriers, identify resources, and develop means by which the other may reach his or her goal.
4. Discuss goal achievement with the class as a whole. Questions include:
    - When you identified your goals, you believed you could achieve them. Do they feel more manageable now?
    - Why is it important to be aware of barriers that may interfere with reaching your goals?
    - Why is it important to identify the steps (commitments) necessary to reach your goal?
    - What can you do if you don't know how to get started?
    - Was it helpful to talk with a partner about your goal and how you plan to reach it?

Closure

"You have a great deal of positive personal power, but that doesn't mean that as you move toward adulthood you'll have to do everything on your own. Interdependence means that people can work together to help each other gain the best life has to offer. It's important to recognize that people are only human. Mistakes will be made; not all goals will be achieved. But mistakes provide us with the opportunity to learn, to rethink our values and priorities, and to continue to grow. We are always responsible for the results of our actions or inaction, but the person who has a positive attitude knows that mistakes and failures simply create new challenges. And when these new challenges occur, people can pick themselves up, brush themselves off, and try even harder the next time. There is the possibility that life may turn out to be even better than we planned."

Learning Activity

Timely Abstinence

(5–10 minutes)

Introduction

"Throughout this program, we've identified sexual abstinence during the teen years as a very positive life choice young people can make for themselves. Up to this point, much of our discussion has been around how abstinence benefits you now. As we complete this program, it's important that you have an opportunity to see how abstinence can help you to achieve the things you may want for yourself in adulthood—the goals you have set. Let's look at how sexual abstinence during the teen years can help you get what you want and need out of life."

Procedure

1. Divide students into small groups of four or five. (It may be simplest to combine two pairs from the Goal Achievement activity.)
2. Ask students to discuss the following questions:
    - How could early sexual involvement interfere with your reaching your goals?
    - How could sexual abstinence during the teen years contribute to your ability to reach your goals?
3. Encourage students to ask each other questions and to expand on one another's ideas.
4. Have students remain in their small groups but direct their attention to **Sexual Abstinence During the Teen Years** (Transparency 23A) on the overhead projector. Explain that abstinence benefits young people in all of the topic areas that have been discussed throughout the program. Identify these by reading the transparency aloud. Ask students to share any ideas that are not covered in the transparency but were discussed in their small groups. Emphasize that even those who have been sexually active may choose to return to a sexually abstinent lifestyle and thereby reclaim the benefits it has to offer.

Closure

"Sexual behavior is very much a matter of personal choice. I hope that these discussions have helped you to see the many benefits of sexual abstinence for teens and have given you sufficient knowledge, skills and guidance to ensure that you will make the wisest choices for yourself and glean from life the best that it has to offer."

Program Evaluation

(15 minutes)

Introduction

"The final handout is an evaluation form which each of you should complete anonymously. Only your gender and your age are requested. Please take a few minutes to provide honest feedback on this program; any suggestions or ideas for improving it are also welcome."

Procedure

1. Distribute **Sex Can Wait** (Handout 23.3). Explain that this is the evaluation form for the program.
2. Tell students thay may write on the back of the handout or an additional piece of paper if they need more space. When they have finished, they should fold the evaluation form in half and deposit it in the box by the door as they leave.

Closure

Thank students as they complete and deposit the handout in the box.

TRANSPARENCY 23A

Sexual Abstinence During the Teen Years

- Provides a clear-cut value on which to base decisions and behavior.
- Eases decision making. You know what you want and need to do.
- Enhances self-esteem. Acting on the abstinence choice empowers you to focus on being the best you can be without being distracted, guilty or worried about the role of sex in your life and in your relationships.
- Allows gender roles to be separated from the sex act. You avoid the trap of attempting to prove your manhood or womanhood through sexual intercourse.
- Provides a guarantee against unplanned pregnancy and all of its related complications—emotional, social, physical, financial and societal.
- Provides the best protection against STD. Although some STDs may be transmitted through means other than sexual intercourse, avoiding intercourse and practicing other health-oriented behaviors puts you on much safer ground.
- Leaves you time and energy to focus on developing strong communication skills, time to really get to know someone you are especially interested in.
- Lets you know what the other person values most in your relationship—you, not sex.
- Simplifies sexual decision making. You have only to set your limits, to communicate those limits, and to act on those limits.
- Leaves you with positive energy to set goals and achieve your life plans. Unplanned pregnancies, STD, or becoming absorbed in another's well-being before personal development is complete can make it extremely difficult to reach some or all of one's goals.

Choosing abstinence and acting on your choice gives you a sense of pride and personal power, a sense of control over your life!

HANDOUT 23.1

Name: ____________________

The Life-Planning Line

---

0 ▲ 25 50 75 100

You are here. (Note: Most of your life lies beyond this point.)

Use this worksheet to identify some of your personal short- and long-term goals. As you seek to identify these goals, reflect upon the three basic life-planning questions:

- Who am I?
- What do I want for myself in the future?
- What am I willing to do to get there?

Be sure that your goals are well written by following the goal-setting guidelines.

What would I like to achieve in my life...

1. one week from today? ______________________________________

____

____

____

____

2. one month from today? ____________________________________

____

____

____

____

The Life-Planning Line (continued)

3. one year from today? ______

4. five years from today? ______

5. ten years from today? ______

Name: ____________________

Goals: Getting There

1. What goal would you most like to achieve? ____________________

2. Why is this goal so important to you? (What benefit will it have for you or others?)

3. What barriers could keep you from reaching your goal?

4. How can you overcome these barriers?

5. What resources could you utilize to aid you in overcoming barriers and/or in reaching your goal (e.g., people, books, etc.)?

HANDOUT 23.2

Goals: Getting There (continued)

6. What steps will you commit to in order to achieve your goal?

I will ____

I will ____

I will ____

Name: ____________________

Sex Can Wait
Evaluation Form

Age ___________ Gender ___________

We would appreciate knowing how you feel about yourself, about others, and about the class now that you have completed this sexuality education program.

How has this sexuality education course

1. influenced your attitudes and values about your sexual self?

____

____

____

2. influenced your acceptance and understanding of yourself and others?

____

____

____

3. influenced the decisions you make about your social life?

____

____

____

HANDOUT 23.3

Sex Can Wait (continued)

4. affected your ability to make decisions regarding your physical sexual behavior?

5. affected the knowledge you have about human reproduction and sexuality issues?

6. helped you discuss sexual issues with your parents or guardians?

7. influenced your confidence about communicating your thoughts, feelings and needs about sexuality?

8. enhanced your listening skills?

HANDOUT 23.3

Sex Can Wait (continued)

9. influenced the degree of satisfaction you now experience in relationships?

10. affected the quality of your social life?

11. influenced your level of satisfaction with your sex life, whatever that may be (i.e., doing nothing, kissing, cuddling, petting or having sexual intercourse)?

12. assisted you to become more focused on your life goals?

13. affected your commitment to your plans and dreams?

HANDOUT 23.3

Sex Can Wait (continued)

About the class:

1. To what extent did the videos add to or detract from your learning?

   ____

   ____

   ____

2. What did you enjoy most about the course, or what contributed most to your learning?

   ____

   ____

   ____

3. Overall, how would you rate the quality of the course?

   ____

   ____

   ____

Glossary

abstinence—refraining from something; not participating in intimate sexual behavior or drug use.

adolescence—transitional period between childhood and adulthood during which puberty (sexual maturity) occurs.

adoption—when a birth mother gives up her child to a family to love and care for as their own.

AIDS (Acquired Immune Deficiency Syndrome)—a disease caused by HIV (human immunodeficiency virus) which damages the immune system. The fatal stage is sometimes called "full-blown AIDS."

anal sex—when the penis or some other part is used to touch or enter the anus of another person's body; a high-risk behavior for HIV/AIDS.

anus—opening from which bowel movements leave the body.

areola—ring of dark tissue surrounding the nipple of the breast.

birth canal—another term for the vagina; the exit passage for the baby during delivery.

body fluids—liquids of the body, including blood, semen, vaginal secretions, urine, lymph, feces, sweat, tears and breast milk.

body language—conscious or unconscious messages or signals given by a person without speaking.

cervix—the narrow, lower end of the uterus that opens into the vagina. It is sometimes called the "neck" of the uterus because of its shape.

chlamydia—bacterial STD which inflames linings of reproductive organs, often causing sterility if not treated.

cilia—the tiny hair-like projections on the inside of the fallopian tubes. The sweeping motion of the cilia move the egg through the fallopian tube to the uterus.

clitoris—a small, rounded organ located above the vaginal and urinary openings. The clitoris is highly sensitive to sexual stimulation.

commitment—long-term physical and emotional bond between two people with a strong desire to maintain the relationship.

conception (also called fertilization)—the uniting of the sperm and ovum.

contraception—use of devices or drugs to prevent pregnancy.

Cowper's glands—glands that produce a clear sticky fluid when the male is sexually excited.

ejaculation—the release of semen from the penis.

epididymis—the place where sperm mature and are stored.

erection—when the penis increases in size and becomes upright and stiff.

fallopian tubes—the narrow tubes that are the passageways from the ovaries to the uterus and the place where the male's sperm can fertilize the female's ovum.

fertilization—the moment an egg (ovum) and a sperm unite. Generally fertilization takes place in the fallopian tubes.

fetus—the term used to refer to the unborn child from the ninth week of pregnancy until birth.

follicle—a capsule in which an ovum or egg cell develops within the ovary. When the ovum is mature, it bursts through the follicle and travels down the fallopian tube to the uterus.

genitals—external sex organs. Penis and scrotum in the male; labia, clitoris and vaginal opening in the female.

genital warts—a viral STD associated with cervical cancer in females and unsightly growths on the genitals of both sexes. Warts can be treated but not cured.

glans—the highly sensitive end or head of the penis.

gonorrhea—bacterial STD which causes sterility, blindness and arthritis if not treated. Females usually have no symptoms.

helper T-cells—white blood cells which recognize pathogens and signal the production of antibodies to destroy them. HIV, the virus that causes AIDS, kills helper T-cells.

herpes simplex II (genital herpes)—viral STD which is incurable and causes recurring blisters, miscarriages and stillbirths and may be related to cervical cancer in females.

HIV (HTLV-III, LAV)—human immunodeficiency virus, the scientific name for the AIDS virus which attacks T-helper cells of the immune system.

hymen—the thin connective membrane covering all or part of the opening of the vagina.

injection drug user—a person who uses a needle to pierce the skin for the purpose of injecting drugs. These drugs can be mainlined into a blood vessel or injected just beneath the skin (skin popping). Both are high-risk behaviors for HIV/AIDS.

labia—soft, liplike folds of tissue that surround the other female sex organs. The labia majora, or outer lips, protect the more sensitive parts of the vulva; the labia minora, or inner lips, surround the vaginal opening and meet to form the hood of the clitoris.

lines—insincere verbal communication used to persuade another person to do something he or she is reluctant to do.

masturbation—using hands or objects to massage one's own genitals for sexual pleasure. Mutual masturbation occurs when two people stimulate each other's genitals, usually to orgasm.

menarche—first menstruation.

menstruation—the cyclic discharge of the uterine lining when pregnancy does not occur.

monogamy—having one sex partner only.

mons pubis—the soft, fatty tissue over the pubic bone that becomes covered with hair at puberty.

mucous membrane—the slippery, wet linings of body openings (e.g., the mouth, nose, vagina, urethra, anus, eyes).

nocturnal emission—an involuntary ejaculation occurring during sleep; frequently called a wet dream.

oral sex—touching the mouth, lips or tongue to another person's genitals.

ovaries—the glands which produce the female's eggs (ova) and sex hormones.

ovulation—the release of a mature ovum from the follicle of an ovary. This process happens approximately once a month from the onset of puberty.

ovulation-menstruation cycle (O-M cycle)—the length of time between the first days of two consecutive menstrual periods. Each O-M cycle will have ovulation and menstruation if the egg is not fertilized. No one can predict with certainty when a woman will ovulate.

ovum—the egg cell produced in the ovary of a female; it is a single cell about the size of a grain of sand. (*Ova* is the plural.)

owning behavior—recognizing and accepting one's behavior and taking appropriate responsibility to avoid negative outcomes.

pair-bonder—one who is faithful and committed to a single partner over time.

penis—the male sexual organ; used for sexual intercourse as well as for the elimination of urine from the body.

prenatal care—medical attention by a doctor before a woman gives birth.

primary sex characteristics—the reproductive system or the sex organs.

prostate gland—a gland that secretes a clear fluid which makes up about one third of the fluid in an ejaculation. The fluid from the prostate provides nourishment to the sperm on their journey through the female reproductive tract.

puberty—the stage during which secondary sex characteristics develop and the reproductive system becomes functional.

pubic hair—the hair around the external sex organs.

scrotum—the pouch or sac of skin which contains the testes.

secondary sex characteristics—the external signs of maleness or femaleness (e.g., body hair, breasts, muscle development, etc.).

secondary virgin—a person who has had sexual intercourse before, but who has returned to abstinent behavior.

semen—the fluid expelled from the body during ejaculation. It contains millions of sperm in a fluid that contains nutrients for the sperm.

seminal vesicles—glands that produce the fluid (semen) to carry the sperm out of the male's body.

sex (gender)—state of being male or female; in today's terms, often refers to sexual intercourse.

sexual intercourse (coitus)—sexual union of a male and female when the penis is inserted into the vagina.

sexuality—the physical, mental, social, emotional and moral expression of being male or female.

signs/symptoms—an observable indication or feeling of an illness or condition.

sperm—the male sex cells which are capable of fertilizing an egg.

STD (Sexually Transmitted Disease)—contagious diseases communicated mainly by sexual intercourse and other sexual behaviors.

syphilis—a bacterial STD that starts with a chancre sore and if untreated can cause death, mental illness and heart disease and can destroy tissue anywhere in the body.

testes—the glands in which the sperm cells and the male hormone, testosterone, are produced; located in the scrotum. (*Testis* is the singular.)

testicles—*see* testes.

urethra—the tube that runs through the penis through which urine and semen leave the body. When semen leaves the body (ejaculation), a valve at the entrance to the bladder prevents urine from entering the urethra.

uterus—the pear-shaped, hollow organ in the female's body in which the baby develops.

vagina—the tunnel-like structure through which menstrual blood and babies leave the female body; it receives the penis during sexual intercourse.

vaginitis—bacterial infection (such as yeast) of the vagina. Protistan STDs can also cause itching, burning and swelling of the vagina and vulva.

vas deferens—the tube through which sperm travel after leaving the epididymis on their way to the urethra.

venereal disease—*see* STD.

virgin—person who has not had sexual intercourse.

vulva—the name for the external female sex organs.

womb—another term for the uterus.

References

Alyson, S. 1988. *You can do something about AIDS.* Boston: The Stop AIDS Project.

Byer, C. O., L. W. Shainberg and K. L. Jones. 1988. *Dimensions of human sexuality.* 2d ed. Dubuque, IA: Wm. C. Brown.

Buscaglia, L. F. 1978. *Personhood.* New York: Ballantine Books.

Canfield, J., and H. C. Wells. 1976. *100 ways to enhance self-concept in the classroom.* Englewood Cliffs, NJ: Prentice Hall.

Cassell, C. 1987. *Straight from the heart: How to talk to your teenagers about love and sex.* New York: Simon and Schuster.

Chilman, C. S. 1983. *Adolescent sexuality in a changing American society.* New York: John Wiley and Sons.

Compton, N., M. Duncan and J. Hurska. 1987. *How schools can help combat student pregnancy.* Washington, DC: National Education Association of the United States.

Cox, F. D. 1978. *Human intimacy: Marriage, the family, and its meaning.* New York: West Publishing.

Daggett, W. R. 1985. *Your future: Plans and choices.* Cincinnati, OH: Southwestern Publishing.

Delora, J. S., C. Warren and C. R. Ellison. 1980. *Understanding human sexuality.* Boston: Houghton Mifflin.

Dryfoos, J. G. 1988. *Putting the boys in the picture.* Santa Cruz, CA: ETR Associates.

Fromm, E. 1974. *The art of loving.* New York: Harper and Row.

Gayle, J. 1988. *A young man's guide to sex.* Los Angeles: The Body Press.

Girdano, D. A., and G. S. Everly, Jr. 1979. *Controlling stress and tension: A holistic approach.* Englewood Cliffs, NJ: Prentice Hall.

Glen, H. S., and J. Nelson. 1988. *Raising self-reliant children in a self-indulgent world.* Rocklin, CA: Prima Publishing and Communications.

Gordon, S. 1981. *The teenage survival book.* New York: Times Books.

Gussin, G., and A. Buxbaum. 1984. *Self-discovery: Developing skills.* Santa Cruz, CA: ETR Associates.

Haas, K., and A. Haas. 1987. *Understanding sexuality.* St. Louis: Times Mirror/Mosby.

Hole, J. W., Jr. 1983. *Essentials of human anatomy and physiology.* 2d ed. Dubuque, IA: Wm. C. Brown.

James, J., and I. Schlesinger. 1987. *Are you the one for me?* Reading, MA: Addison-Wesley.

Johnson, D. W. 1986. *Reaching out.* Englewood Cliffs, NJ: Prentice-Hall.

Kelly, G. F. 1988. *Sexuality today: The human perspective.* Guilford, CT: The Dushkin Publishing Group.

Knox, D. 1984. *Human sexuality: The search for understanding.* St. Paul, MN: West Publishing.

Landau, B. R. 1976. *Essential human anatomy and physiology.* Glenview, IL: Scott, Foresman.

Lerner, E. A. 1987. *Understanding AIDS.* Minneapolis: Lerner Publications.

Lott, L., R. Intner and M. Kientz. 1988. *Family work, whose job is it?* Santa Rosa, CA: The Practical Press.

Lott-Penny, L., and D. West. 1987. *Married and liking it.* Petaluma, CA: The Practical Press.

McCoy, K., and C. Wibbelsman. 1987. *The new teenage body book.* Los Angeles: The Body Press.

Masters, W. H., and V. E. Johnson. 1974. *The pleasure bond.* New York: Little, Brown.

Miller, M. 1980. *Family communication: Keeping connected in changing times.* Ramsey, NY: Paulist Press.

Nelsen, J. 1981. *Positive discipline.* New York: Ballantine Books.

Pierce, C., and D. Vandeveer. 1988. *AIDS ethics and public policy.* Belmont, CA: Wadsworth.

Quackenbush, M., M. Nelson and K. Clark. 1988. *The AIDS challenge.* Santa Cruz, CA: ETR Associates.

Quackenbush, M., and S. Villarreal. 1992. *Does AIDS Hurt? Educating young children about AIDS.* 2d ed. Santa Cruz, CA: ETR Associates.

Scott, S. 1985. *Peer pressure reversal.* Amherst, MA: Human Resource Development Press.

Scott, S. 1986. *How to say no and keep your friends.* Amherst, MA: Human Resource Development Press.

Smith, P. B., and D. M. Mumford. 1985. *Adolescent reproductive health.* New York: Garner Press.

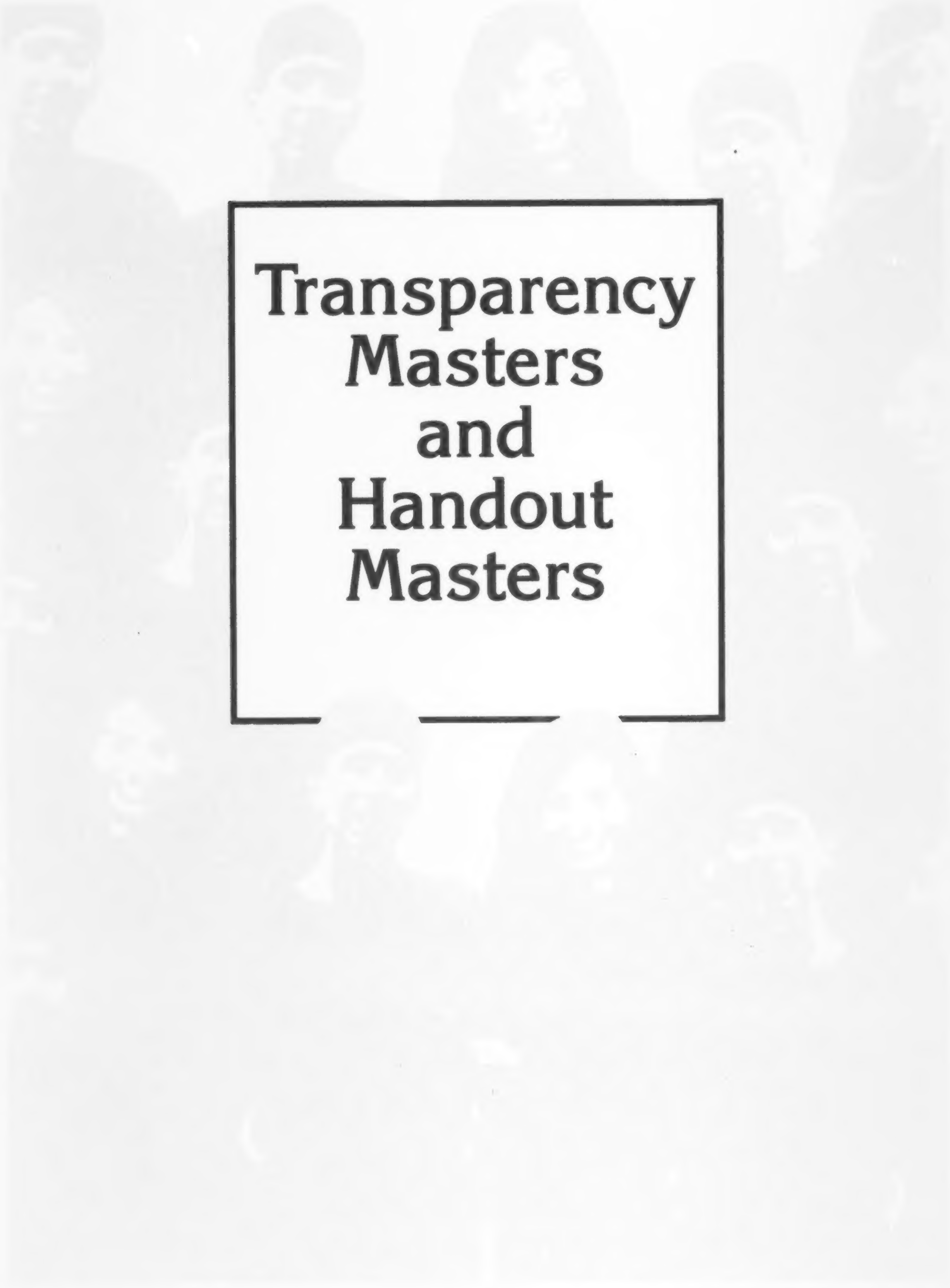
Wilson, P., and D. Kirby. 1984. *Sexuality education: A curriculum for adolescents.* Santa Cruz, CA: ETR Associates.

Resource Materials

The following videos are used in this curriculum and are available from ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; (800) 321-4407, fax (408) 438-4284.

> "First Things First: Teenage Relationships" (30 minutes)
>
> "He's No Hero: Male Responsibility" (18 minutes)
>
> "It Only Takes Once" (18 minutes)
>
> "Sexual Responsibility: A Two-Way Street" (29 minutes)

The pamphlet *STD Facts* is highly recommended for use in Lesson 11. It is also available from ETR Associates.



Transparency Masters and Handout Masters

Sexuality Education Goals

The three goals of this program:

- To promote abstinence as the best choice for young people with regard to sexual decision making.
- To facilitate the development of self-understanding and social understanding as well as factual knowledge, for a more integrated appreciation of human sexuality and reproductive anatomy/physiology.
- To encourage the development of critical life skills such as decision making, communication, goal setting and life planning.

ETR Associates, 1994

Curriculum Content

Knowing Myself

Values
Decision Making
Self-Esteem

Understanding Sexuality

Gender Roles
Reproductive Anatomy and Physiology
Sexually Transmitted Disease
Parental Readiness

Relating to Others

Communication
Relationships
Sexual Decision Making

Planning My Future

Goal Setting
Life Planning

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The Value of Values

Before something can be a full value, it must meet certain criteria. It must be

1. chosen freely
2. chosen from among alternatives
3. chosen after due reflection
4. prized and cherished
5. publicly affirmed
6. acted upon
7. part of a pattern that is repeated action

ETR Associates, 1994

TRANSPARENCY 2B

What's Worth Valuing?

Here are some of the things that many people consider important in their lives:

- close friends
- health
- intelligence
- wealth
- popularity
- peace
- safety
- trust
- having fun
- fairness
- love
- honesty
- education
- courage
- skill
- caring for others
- interesting work
- physical attractiveness
- religious faith
- making the world better
- long-range happiness
- doing what's right
- excitement
- close family
- beauty in nature
- patriotism
- self-respect
- financial security
- independence
- creativity

ETR Associates, 1994

Standards for Important Values

A value that is important to you should meet these standards:

- You feel that not only is it important to you now but that it will remain important in your future.
- You include it in your life even if you have to give up something else for it.
- You stick to it even if your friends don't agree with you.
- You think the world would be a better place if everyone appreciated this value.

ETR Associates, 1994

TRANSPARENCY 3A

Five Steps to Decision Making

Step 1: **In a few sentences, define the problem to be solved.** Define it in personal terms such as "How do I...?" "How should I...?" "What will I...?"

Step 2: **Determine your choices.** Gather information related to the problem. Identify at least three possible solutions or alternatives.

Step 3: **Evaluate the choices.** Consider the positives and negatives of each possible solution. What is the best thing that can happen? What is the worst thing that can happen? Think about the impact or consequence each alternative could have.

Step 4: **Make a decision.** Based on all the information you have gathered from these three steps, choose the one you feel will best solve your problem.

Step 5: **Evaluate the decision.** Did your decision solve the problem? If it did not, go back and review the choices again. In most cases you can make another choice and try again. It is always helpful to have a "plan B" or even a "plan C."

ETR Associates, 1994

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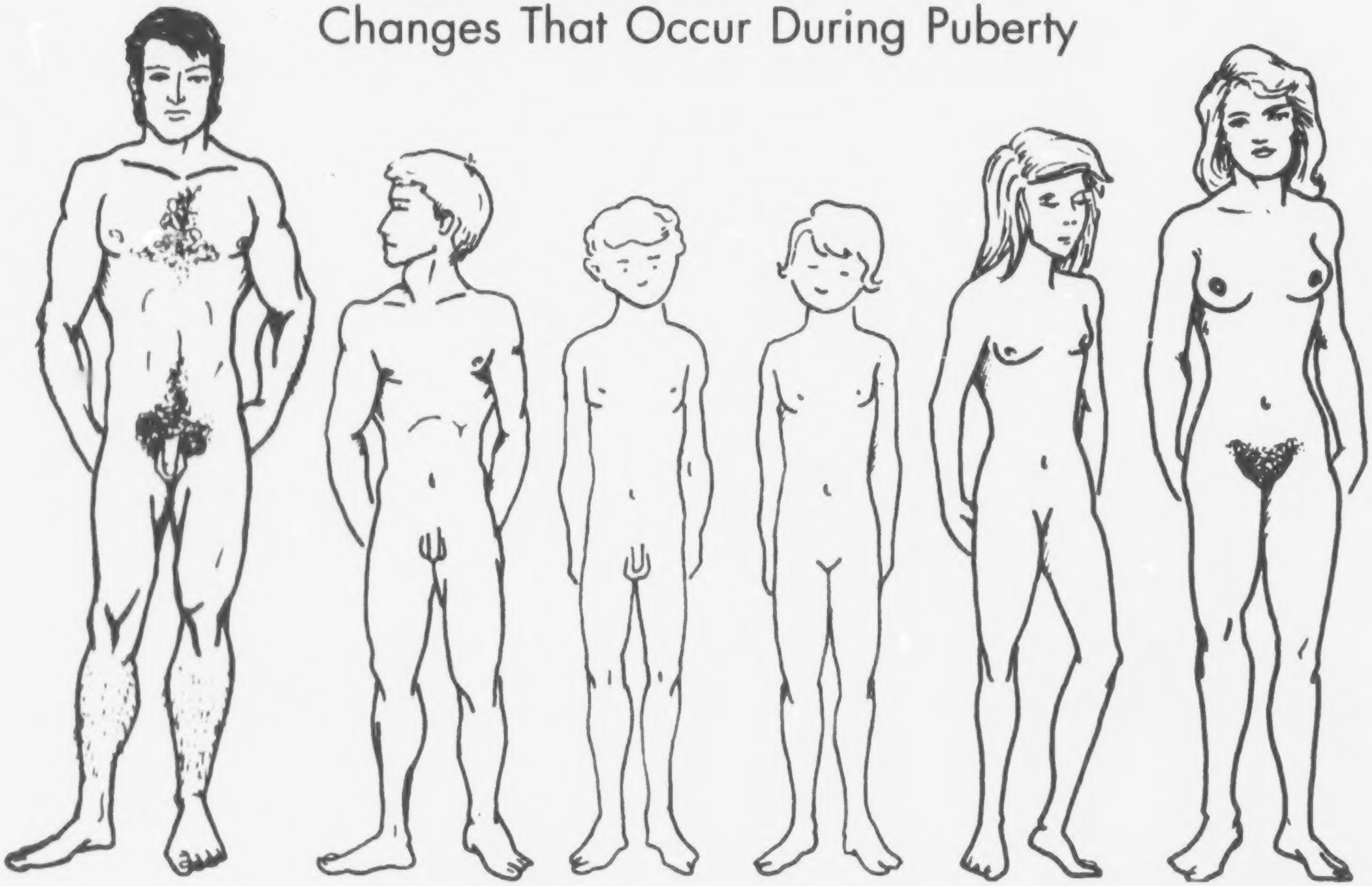
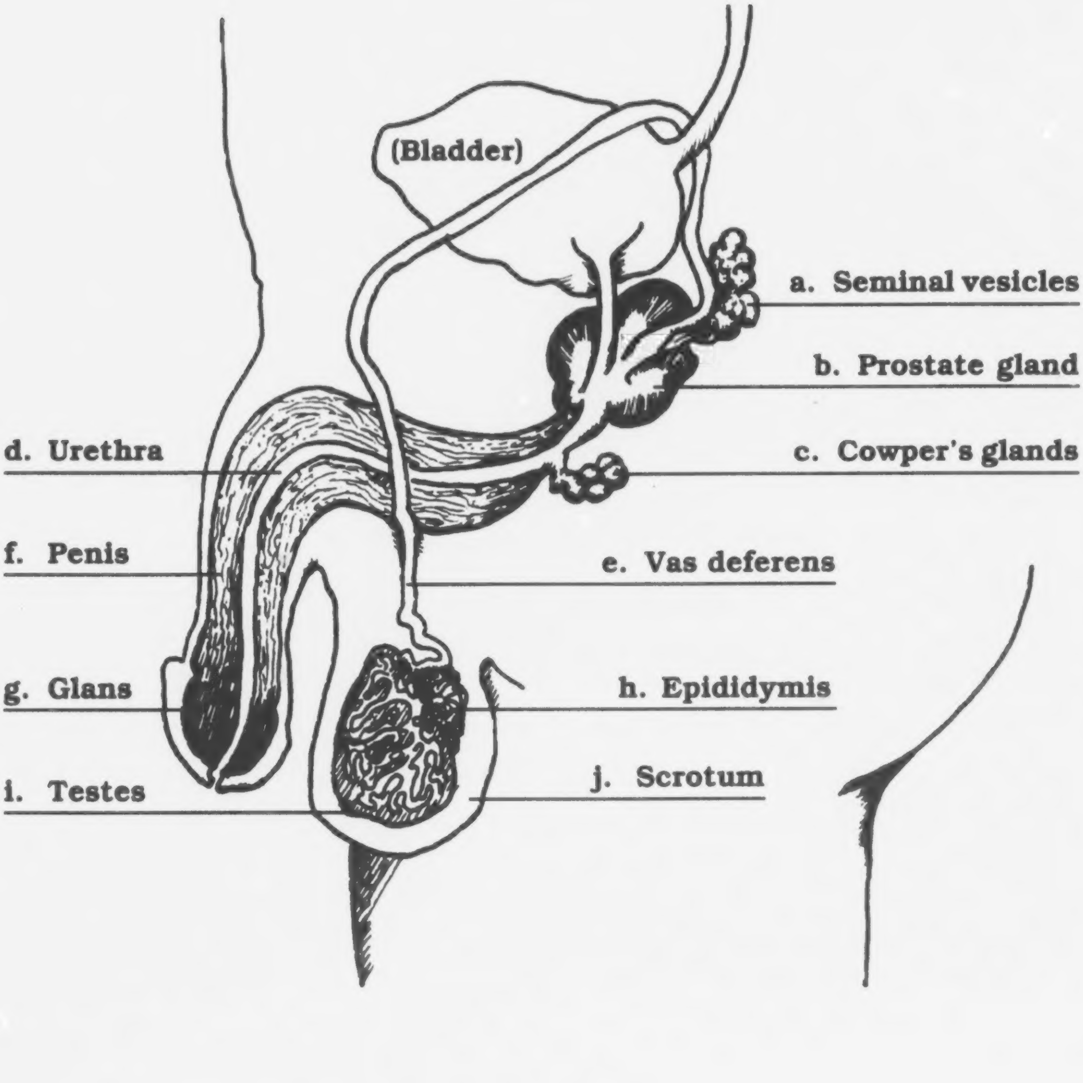
From Child to Adult

Changes That Occur During Puberty



TRANSPARENCY 9A

Parts of the Male Reproductive System



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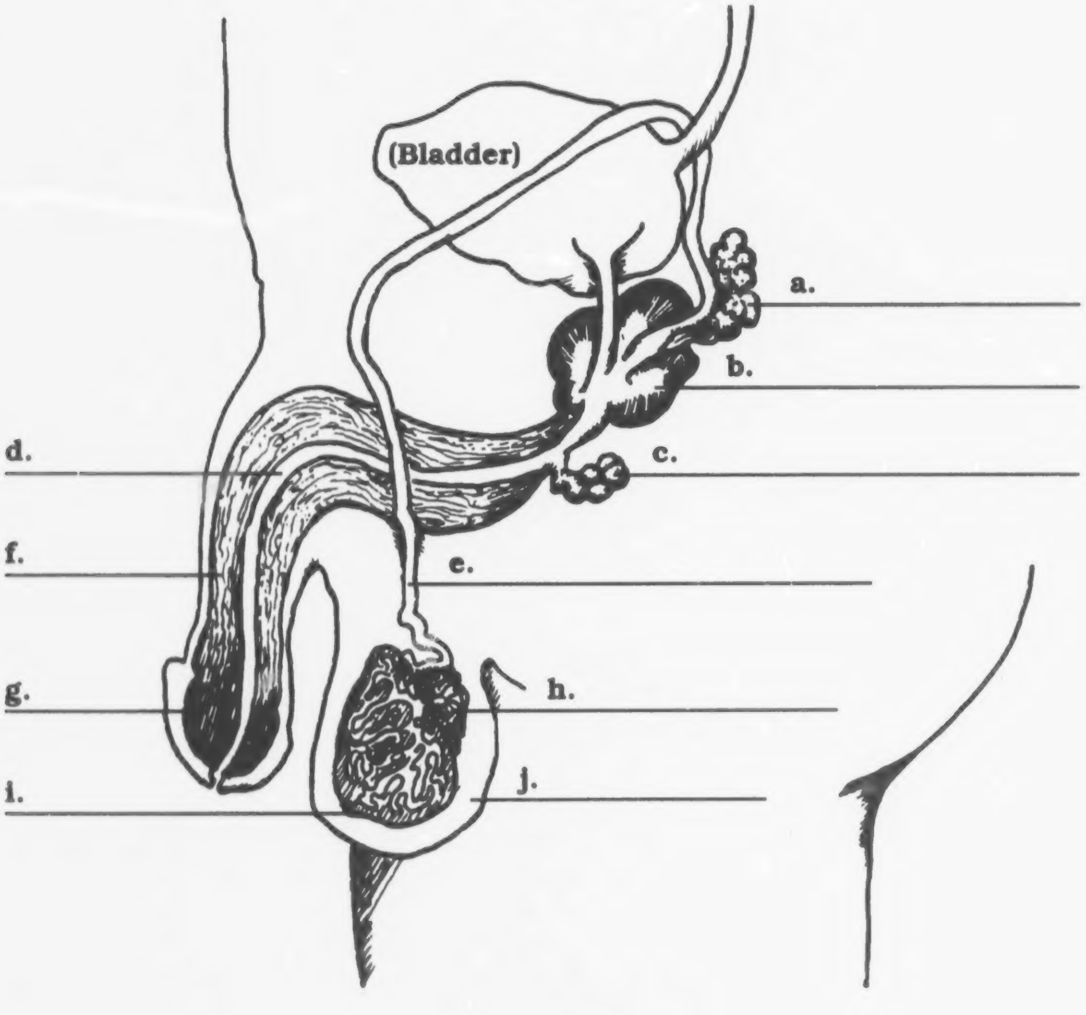
TRANSPARENCY 9C

Male Reproductive System



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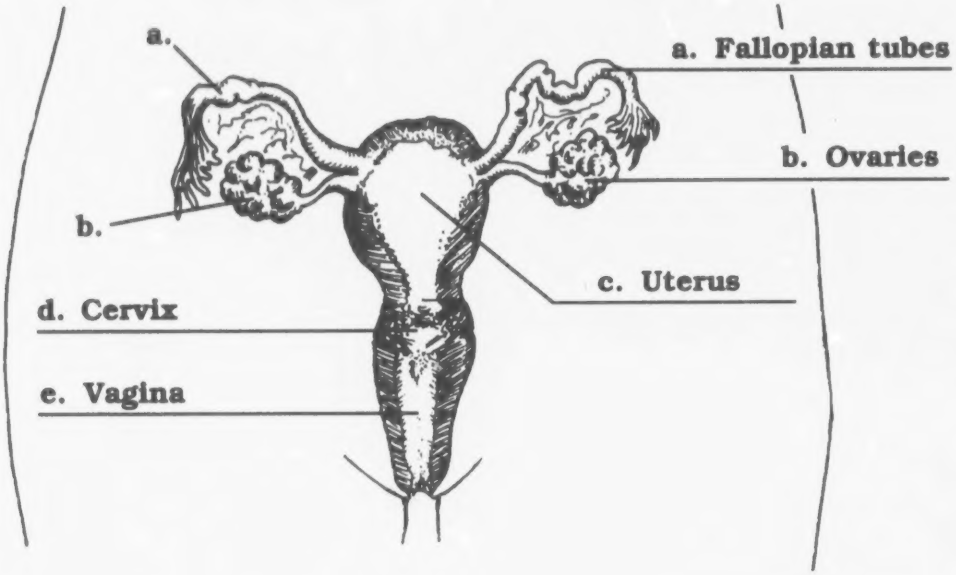
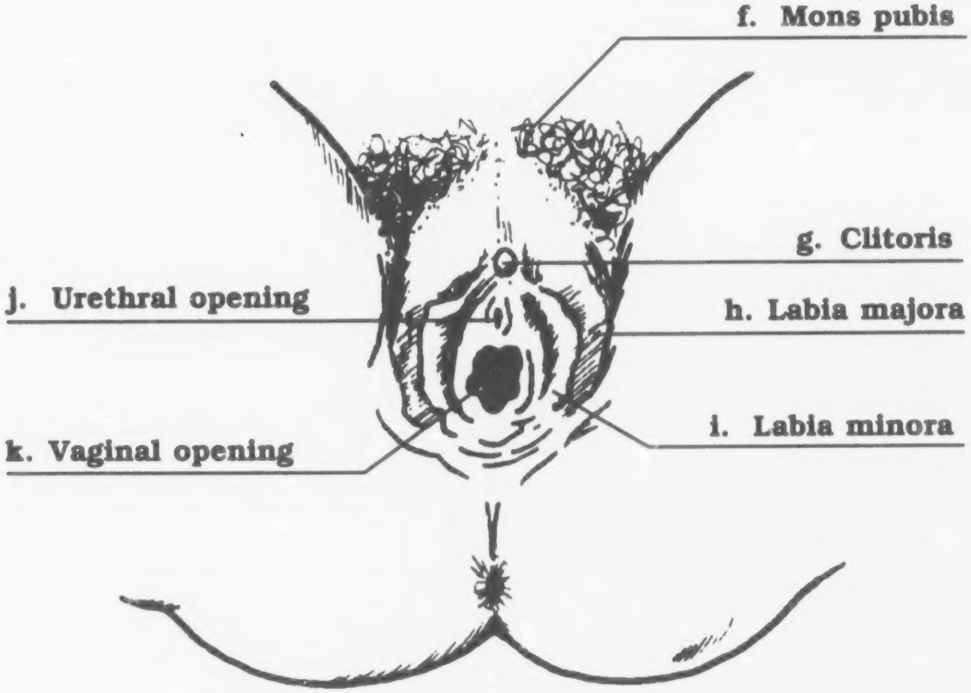
TRANSPARENCY 10A

Parts of the Female Reproductive System





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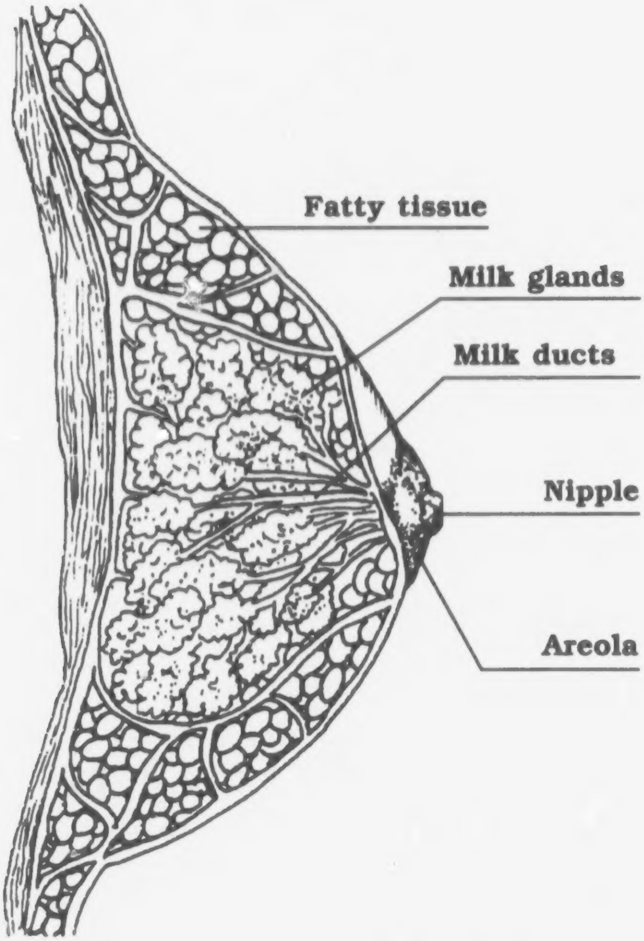
Cross-Section of a Female Breast



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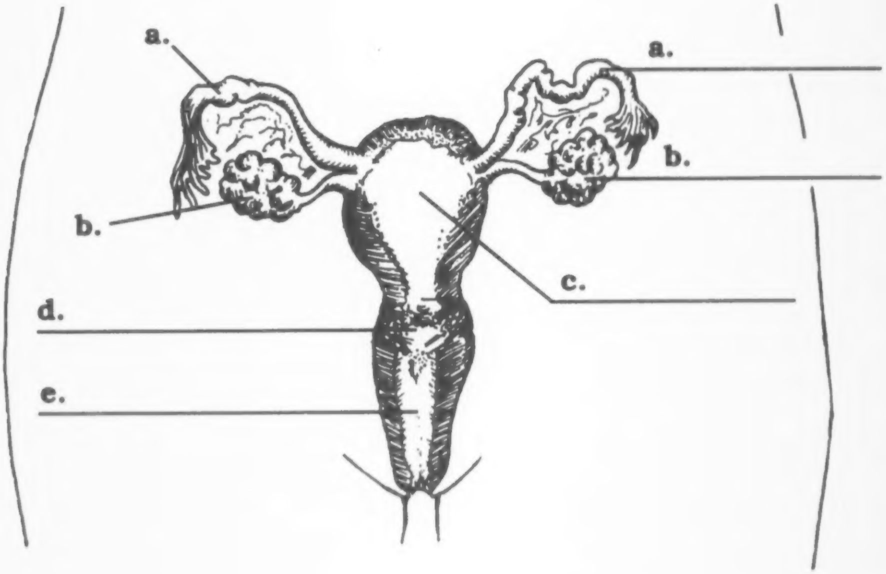
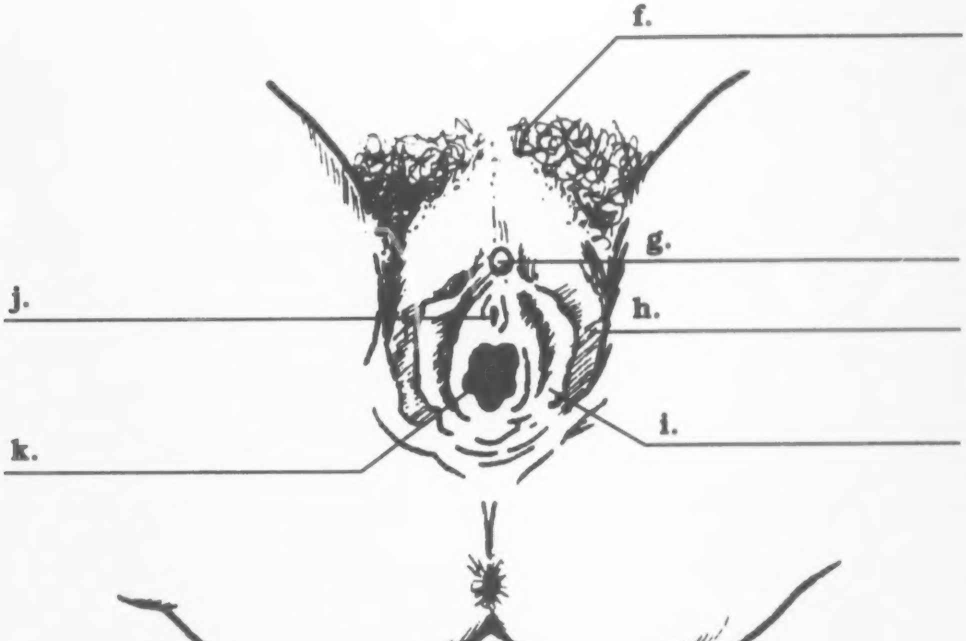
TRANSPARENCY 10C

Female Reproductive System





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Communication Rights and Responsibilities

- I have the right to express my values and needs honestly and clearly.
- I have the responsibility not to force myself or my values on anyone else.
- I have the right to live in accordance with my own values.
- I have the right to confront someone whose behavior infringes on my values or needs.
- I have the right to assert myself and resist those who persist in attempting to get me to do something I don't want to do.
- I am responsible for how I feel and what I think about myself.
- I have the right not to please or try to please everyone.
- I have the responsibility to listen to others.

ETR Associates, 1994

I-Messages

I-messages communicate to another person what I am feeling and what I'd like done about it. I-messages don't accuse or blame the other person.

1. Express your thoughts or feelings first. Begin with "I think" or "I feel" (e.g., "I feel hurt" or "I feel happy").
2. Describe the problem or situation. Begin with "When you" (e.g., "When you are late" or "When you kiss me").
3. Describe the effect on you as specifically as possible. Begin with "Because" (e.g., "Because it makes me realize how much you care").
4. Identify what you would like to have done, if anything (e.g., "I would like for you to be on time" or "Please don't call me anymore").

ETR Associates, 1994

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The Relationship Path

Relationships give you the opportunity to share your life with others. As you grow and change, so do your relationships.

1. Parent/Child **2. Peer (Friendship)** **3. Romantic**

B **D**
I **E**
R...Infancy...Childhood...Adolescence...Young Adulthood...Adulthood...Old Age...**A**
T **T**
H **H**

Goal Setting at Its Best

1. Clearly state your goal.
2. Determine that your goal is reasonable for you.
3. Base your goal upon individual effort.
4. State your goal in measurable terms.
5. Assess how much you want this goal.
6. Write down your goal.

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Sexual Abstinence During the Teen Years

- Provides a clear-cut value on which to base decisions and behavior.
- Eases decision making. You know what you want and need to do.
- Enhances self-esteem. Acting on the abstinence choice empowers you to focus on being the best you can be without being distracted, guilty or worried about the role of sex in your life and in your relationships.
- Allows gender roles to be separated from the sex act. You avoid the trap of attempting to prove your manhood or womanhood through sexual intercourse.
- Provides a guarantee against unplanned pregnancy and all of its related complications—emotional, social, physical, financial and societal.
- Provides the best protection against STD. Although some STDs may be transmitted through means other than sexual intercourse, avoiding intercourse and practicing other health-oriented behaviors puts you on much safer ground.
- Leaves you time and energy to focus on developing strong communication skills, time to really get to know someone you are especially interested in.
- Lets you know what the other person values most in your relationship—you, not sex.
- Simplifies sexual decision making. You have only to set your limits, to communicate those limits, and to act on those limits.
- Leaves you with positive energy to set goals and achieve your life plans. Unplanned pregnancies, STD, or becoming absorbed in another's well-being before personal development is complete can make it extremely difficult to reach some or all of one's goals.

Choosing abstinence and acting on your choice gives you a sense of pride and personal power, a sense of control over your life!

ETR Associates, 1994

Permission Letter

Dear Family:

Soon your child's school will be teaching an abstinence-based sexuality education curriculum called *Sex Can Wait*. The program promotes a positive approach to sexual abstinence. We are excited about sharing this program with your child, and we invite you to take part as well.

Your permission is required for your child to participate in the program. Please sign and return the permission slip below.

Materials from the program are available at the school for your review. You are invited to attend the "Family Preview" night that will be held at ____________________ in room ____________________ on ________________________________. This orientation meeting will give you a chance to review course materials and get answers to any questions you may have.

The *Sex Can Wait* program includes assignments for children to complete with their families. The program recognizes parents and guardians as the primary educators of their children and involves them in the learning process. Personal information from these homework assignments will not be shared in class.

We look forward to working with you to prepare your child for a healthy, successful future.

Sincerely,

____

(Teacher)

- -

I have read the above letter, and I am aware that I may preview the materials to be studied by my child. My child,

____,

(Child's Name)

has my permission to participate in the *Sex Can Wait* program.

____

(Parent or Guardian)

ETR Associates, 1994

Talking to Your Teen About Sex and Sexuality

Teens *want* to talk with the important adults in their lives about sex, values and expectations. They *do* want to know what their parents believe and what their parents experienced when they were young. Teens want and need to be able to get information and honest answers to their questions.

Here are some helpful guidelines for parents and guardians:

1. It's all right to be embarrassed—your teen probably is too. Open acknowledgment—"This is difficult for me, but I do want to talk to you about this"—may be all it takes to clear the air and open up discussion.
2. Confidently, but not aggressively, state your moral views. A clear and open discussion of differing views may bring teens closer to parental views.
3. You may find it helpful to spend some time discussing your values and expectations with your spouse or a close friend before talking with your child. This can help you clarify your values as well as give you some practice with what you want to tell your child.
4. You do not have to wait for your teen to ask sexuality-related questions. Honest, open, ongoing discussions of human sexuality can be addressed when families are viewing television, attending social events, planning family pregnancies, reading books, etc.
5. Adults are sometimes surprised by a teen's question out of the blue, such as, "How do you know if you're pregnant?" Instead of jumping to conclusions, answer such questions factually and calmly. You may find your teen opening up and explaining why he or she asked the question.

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Talking to Your Teen About Sex and Sexuality (continued)

6. It is helpful to keep current with new information about sex and sexuality. Read articles from reputable magazines and journals, talk with your doctor or local clinic, attend parent education meetings and utilize personal experience.
7. Information about sex doesn't encourage sexual activity. Many parental messages about sex are unspoken. Not talking about sex may give children a sense that because sex is something you can't talk about, it is dirty and forbidden. That may not be the message you want to give. Your own actions and lifestyle probably will have a greater impact on your children's attitudes and behaviors than anything you or anyone else says to them.
8. To set limits effectively, parents need to recognize aspects of their teen's development. To establish limits that will work, collaborate on establishing the limits with your teen, be willing to listen and compromise, be consistent in enforcing the rules, recognize and respect the fact that your child is getting older, and acknowledge your teen's need for privacy.
9. Accept teens for who they are. Try not to focus on mistakes and shortcomings.
10. You can teach teens responsibility for their sexual lives and be available to them without becoming overly involved.
11. Like, enjoy and be friends with your teenager. Children grow up fast.
12. Discuss the broad spectrum covered by love and sexuality. Talk about tenderness, empathy, compassion, communication and intimacy.

ETR Associates, 1994

Suggested Reading Material for Parents and Guardians

Cassell, Carol. 1987. *Straight from the Heart: How to Talk to Your Teenagers About Love and Sex.* New York: Simon and Schuster.

Glenn, H. Stephen, and Jane Nelsen. 1988. *Raising Self-Reliant Children in a Self-Indulgent World: Seven Building Blocks for Developing Capable Young People.* Rocklin, CA: Prima Publishing and Communications.

James, John, and Ibis Schlesinger. 1987. *Are You the One for Me?* Reading, MA: Addison-Wesley Publishing Co.

Nelsen, Jane. 1981. *Positive Discipline.* New York: Ballantine Books.

Nelsen, Jane, and Lynn Lott. 1990. *I'm on Your Side: Resolving Conflict with Your Teenage Son or Daughter.* Rocklin, CA: Prima Publishing and Communications.

Scott, Sharon. 1985. *Peer Pressure Reversal.* Amherst, MA: Human Resource Development Press, Inc.

Scott, Sharon. 1986. *How to Say No and Keep Your Friends.* Amherst, MA: Human Resource Development Press, Inc.

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Name: ____________________

What Are You Saying?

Identify possible value messages that underlie each of these statements. What could you ask to uncover the hidden values?

1. Friend: I'm not going to be seen riding around town with you in that heap you call a truck!
2. Mother: You need to slow down. You're not eating right or getting enough sleep!
3. Teacher: You're a lot smarter than your grades would lead me to believe. You need to try harder.
4. Friend: Everyone else is doing it! Don't be such a chicken! You're not going to get caught!
5. Father: No child of mine dates until the age of sixteen. Kids today are just asking for trouble!
6. Coach: You may have lost the game, but the way you pulled together and hung in there to the end makes me proud!
7. Boyfriend or Girlfriend: I really love you, but I'm just not ready for sex.
8. Sister: What are people going to think when they see you acting like that?
9. Commercial: You, too, can have a brighter, sexier smile if you use Brand X toothpaste.
10. Grandparent: The world is changing too fast. You're missing out on so much!

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HANDOUT 2.2

Name: ____________________

I Believe/I Do

Read each statement below. Circle the appropriate number to indicate your level of agreement/disagreement.

Strongly Agree=1
Agree=2
Undecided=3
Disagree=4
Strongly Disagree=5

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. My health is very important to me.	1	2	3	4	5
2. Getting a good education is important to me.	1	2	3	4	5
3. Families are among the most important people in one's life.	1	2	3	4	5
4. Having a few good friends is more important than knowing a lot of people or being in with a crowd.	1	2	3	4	5
5. Sex belongs in committed, adult relationships.	1	2	3	4	5

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HANDOUT 3.1

Decision-Making Steps

Step 1: In a few sentences, define the problem to be solved. Define it in personal terms such as "How do I...?" "How should I...?" "What will I...?"

Step 2: Determine your choices. Gather information related to the problem. Identify at least three possible solutions or alternatives.

1. ______________________________
2. ______________________________
3. ______________________________

Step 3: Evaluate the choices. Consider the positives and negatives of each possible solution. What is the best thing that can happen? What is the worst thing that can happen? Think about the impact or consequence each alternative could have.

Positive

1. ______________________________
2. ______________________________
3. ______________________________

Negative

1. ______________________________
2. ______________________________
3. ______________________________

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Decision-Making Steps (continued)

Positive

1. ______________________________

2. ______________________________

3. ______________________________

Negative

1. ______________________________

2. ______________________________

3. ______________________________

Positive

1. ______________________________

2. ______________________________

3. ______________________________

Negative

1. ______________________________

2. ______________________________

3. ______________________________

Step 4: Make a decision. Based on all the information you have gathered from these three steps, choose the one you feel will best solve your problem.

Step 5: Evaluate the decision. Did your decision solve the problem? If it did not, go back and review the choices again. In most cases you can make another choice and try again. It is always helpful to have a "plan B" or even a "plan C."

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Is This Responsible?

Read each situation. Think about the characters and then answer the questions.

Situation 1

Justin, age 15, is watching Monday night football with his father. When his father gets a beer, he offers Justin one. Justin accepts.

1. What decision has Justin's father made?______________________

____

2. What decision has Justin made? ______________________

____

3. Is Justin's father behaving responsibly? ______________________

4. Is Justin behaving responsibly?______________________

5. What do you think of their decision?______________________

____

____

____

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Is This Responsible? (continued)

Situation 2

Donna, age 16, has been dating Ben, age 17, for about a year. Donna and Ben decided together to have sexual intercourse. Ben uses a condom every time they have sex.

1. What decision have Donna and Ben made? ____________________

____

2. Is Donna behaving responsibly? ____________________

3. Is Ben behaving responsibly?____________________

4. What do you think of their decision?____________________

____

____

____

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Is This Responsible? (continued)

Situation 3

Sarah, age 15, lives with her mother and older brother. Sarah's mother does not think Sarah is old enough to date unless she goes out in a group. Sarah thinks her mother is living in the Dark Ages. Sometimes she tells her mother that she is going out with a group of friends, but instead she really meets a boy who she likes very much.

1. What decision has Sarah made?________________________

2. Is Sarah behaving responsibly? ________________________

3. What do you think of her decision?________________________

____

____

____

4. What decision has Sarah's mother made? ________________________

____

5. Is she behaving responsibly?________________________

6. What do you think of her decision?________________________

____

____

____

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Is This Responsible? (continued)

Situation 4

Van and Charles are both 15. One weekend when Van's parents are out for the evening, Van and Charles raid the liquor cabinet and get drunk.

1. What decision have Van and Charles made?______________________

____

2. Is Van behaving responsibly?__________________________

3. Is Charles behaving responsibly?________________________

4. What decision have Van's parents made?__________________

____

____

5. What do you think of their decision?____________________

____

____

____

ETR Associates, 1994

Adapted from *Sexuality Education: A Curriculum for Adolescents*, Pamela Wilson and Douglas Kirby (Santa Cruz, CA: ETR Associates, 1984).

Name: ____________________

Self-Esteem

Discuss the following questions with your group. Answer as fully as possible.

What is self-esteem?____

____

____

____

What can high self-esteem do for you?____________________________

____

____

____

What effect does low self-esteem have on a person?_______________

____

____

____

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Name: ____________________

The Crystal Ball

Review each of the following situations. Use your knowledge of the person's self-esteem—like a gypsy's crystal ball—to predict how the person will respond.

Situation 1

Hassan's parents have gone away for the weekend. They have specifically asked him not to have friends visit him at the house while they are gone. He assures them that he intends to use the weekend as a chance to be alone and relax—and he means it! He needs time out. Then friends hear about the "empty house" and begin planning a party at Hassan's. What will Hassan do?

a. If Hassan has high self-esteem, he will probably...

____

Why?____

____

b. If Hassan has low self-esteem, he will probably...

____

Why?____

____

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The Crystal Ball (continued)

Situation 2

Jennifer has been asked to make a presentation at an all-school assembly. She has never spoken in front of a large audience, and she has never used a microphone. What will Jennifer do?

a. If Jennifer has high self-esteem, she will probably...

____

Why?______________________________________

____

b. If Jennifer has low self-esteem, she will probably...

____

Why?______________________________________

____

Situation 3

Kim really wants to attend Central State University. Her parents cannot afford to send her. Kim applied for a scholarship. She waited eagerly for a response, but when the response finally came, she had been turned down. What will Kim do?

a. If Kim has high self-esteem, she will probably...

____

Why?______________________________________

____

b. If Kim has low self-esteem, she will probably...

____

Why?______________________________________

____

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The Crystal Ball (continued)

Situation 4

People are important to Alfredo. He has always tried to treat them with kindness and respect, but now his friends are pushing him to "prove his manhood." The test? He must ask the girl of their choice to go out with him and get her to "go all the way." What will Alfredo do?

a. If Alfredo has high self-esteem, he will probably...

____

Why?______________________________

____

b. If Alfredo has low self-esteem, he will probably...

____

Why?______________________________

____

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The Crystal Ball (continued)

Situation 5

Aaron and Becky have been dating for nearly two years. As much as they love each other, they have talked often about the fact that high school just isn't the right time in their lives for sex. Although they have both believed this, Becky begins to change her mind. She is now suggesting to Aaron that maybe it would be OK—if they make sure they're always careful. Aaron still believes that they should wait. What will Aaron do?

a. If Aaron has high self-esteem, he will probably...

____

Why?____

____

b. If Aaron has low self-esteem, he will probably...

____

Why?____

____

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Name: ____________________

Terrific Us!

Complete this page of the handout. Give the second page to an adult family member to complete. You should each fill out your portion of the handout without sharing your answers. When you have both responded, review each other's comments and discuss the questions.

Student:

1. In my opinion, my three greatest strengths are...

a. ____________________

b. ____________________

c. ____________________

2. Members of my family consider my three greatest strengths to be...

a. ____________________

b. ____________________

c. ____________________

3. The three things I like best about my family are...

a. ____________________

b. ____________________

c. ____________________

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Terrific Us! (continued)

Family Member:

1. In my opinion, this child's greatest strengths are...

a. ______________________________

b. ______________________________

c. ______________________________

2. In this child's opinion, his/her greatest strengths are...

a. ______________________________

b. ______________________________

c. ______________________________

3. The three things this child likes best about us/me are...

a. ______________________________

b. ______________________________

c. ______________________________

Discussion Questions

1. What surprised you most about the other's answers?
2. How do you explain the similarities or differences in your responses?
3. Do you like what the other person had to say? Why or why not?
4. What steps can you take to improve your opinion of your strengths? What steps can you take to improve your family's opinion of your strengths?

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HANDOUT 5.1

Name: ____________________

Accepting the Best/ Changing the Rest

This activity will help you describe yourself. There are no right or wrong answers. Read each statement carefully and decide whether it describes how you feel about yourself. Circle the answer that most nearly expresses your feelings.

Strongly Agree=1
Agree=2
Undecided=3
Disagree=4
Strongly Disagree=5

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. I am interesting to other people.	1	2	3	4	5
2. It takes me a long time to get used to anything new.	1	2	3	4	5
3. I like the way I look.	1	2	3	4	5
4. I have trouble controlling my feelings.	1	2	3	4	5
5. I have ambition to achieve to the very best of my ability.	1	2	3	4	5
6. I often act on the basis of feelings and emotions rather than reason.	1	2	3	4	5
7. I am poor at making things with my hands.	1	2	3	4	5
8. If a friend were in trouble, I would probably drop him or her rather than get involved.	1	2	3	4	5
9. I don't get mad very often.	1	2	3	4	5
10. I seem to be tired a lot.	1	2	3	4	5

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HANDOUT 5.1

Accepting the Best/Changing the Rest (continued)

11. I handle most of my problems well. 1 2 3 4 5
12. I am in control of my sexual impulses. 1 2 3 4 5
13. Others will often take advantage of me. 1 2 3 4 5
14. I have lots of confidence in myself. 1 2 3 4 5
15. Having sexual intercourse will make me mature. 1 2 3 4 5
16. I am happy most of the time. 1 2 3 4 5
17. I find it hard to get along with people. 1 2 3 4 5
18. I am responsible for my behavior. 1 2 3 4 5
19. I don't know what to do in many situations. 1 2 3 4 5
20. I don't finish most things that I start. 1 2 3 4 5
21. I always try to be fair. 1 2 3 4 5
22. I don't get jealous easily. 1 2 3 4 5
23. I am seldom at ease and relaxed. 1 2 3 4 5
24. I solve problems quite easily. 1 2 3 4 5
25. I am a strong person. 1 2 3 4 5
26. I try to do what I think is right. 1 2 3 4 5
27. Criticism doesn't upset me if I have tried to do my best. 1 2 3 4 5
28. I always look out for myself first. 1 2 3 4 5
29. I wish my body were shaped differently. 1 2 3 4 5
30. I like to meet new people. 1 2 3 4 5

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HANDOUT 5.1

Accepting the Best/Changing the Rest (continued)

31. I know my sexual limits and clearly communicate these to others. 1 2 3 4 5

32. I am a healthy person. 1 2 3 4 5

33. I give in very easily. 1 2 3 4 5

34. Others will often follow my ideas. 1 2 3 4 5

35. I am a nervous person. 1 2 3 4 5

36. I am smart. 1 2 3 4 5

37. I can make up my mind and stick to it. 1 2 3 4 5

38. I am respectful of my feelings and needs and those of others. 1 2 3 4 5

39. I feel guilty if people think well of me; I fear they would be disappointed if they knew what I am really like. 1 2 3 4 5

40. I am a helpful person. 1 2 3 4 5

Think about these statements for a few minutes. What feelings do you experience when you agree with the positive statements? Look at the whole checklist to see if it reveals any of your values. Put a star by five statements you would like to change. Focus on two in particular that you would like to change the most. Now think about why you haven't changed this part of yourself before. What steps can you take to make these changes?

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Name: ____________________

Creating Productive Self-Talk

Rewrite the following statements. Create messages that are both positive and productive to replace the self-defeating ones.

1. Life just isn't fair! No matter how hard I try, something always goes wrong!

   ____

   ____

2. I'm no good at this. I never have been. Just forget it! Who cares, anyway.

   ____

   ____

3. I'm going to make a fool of myself! I know I am!

   ____

   ____

4. How could I be so stupid! That was dumb, dumb, dumb!

   ____

   ____

5. No one cares if I'm there or not! Why should I even bother to go?

   ____

   ____

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Creating Productive Self-Talk (continued)

6. People are such jerks! Give them half a chance and they walk all over you.

7. There's no way I can pass that test! Why should I even waste my time studying for it?

8. I'm always late! I just can't help it!

9. My friends are going to hate me!

10. One hundred people are going to be applying for that job. I don't stand a chance!

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Name: ____________________

What Is Masculinity?

Our society is changing. Our ideas about what is masculine and what is feminine also are changing. These changes are reflected in varying degrees throughout our political, economic and social lives. On a more personal level, they are reflected in the attitudes and beliefs each of us has about what it means to be a man or a woman. The following questions will help identify some of your ideas about what is masculine.

Questions

1. Do you think boys are being raised the same way their fathers were? If not, what are some things that are different? What do you think and feel about some of these differences?
2. What characteristics do men most admire in other men? Do you think that women admire the same things about men? Why or why not? What are some things that women admire in men? What do you think/feel about these similarities/differences?
3. Many men today are choosing jobs that used to be considered women's work (e.g., nurses, teachers, secretaries, homemakers). Are these men any more or less masculine because of the jobs they choose? What do you think and feel about these changing job roles?
4. Is there an ideal or one particular way for a man to lead his life?

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Name: ____________________

What Is Femininity?

Our society is changing. Our ideas about what is masculine and what is feminine also are changing. These changes are reflected in varying degrees throughout our political, economic and social lives. On a more personal level, they are reflected in the attitudes and beliefs each of us has about what it means to be a man or a women. The following questions will help identify some of your ideas about what is feminine.

Questions

1. Do you think girls are being raised the same way their mothers were? If not, what are some things that are different? What do you think and feel about some of these differences?
2. What characteristics do women most admire in other women? Do you think that men admire the same things about women? Why or why not? What are some things that men admire in women? What do you think/feel about these similarities/differences?
3. Many women today are choosing jobs that used to be considered men's work (e.g., doctors, lawyers, construction workers, engineers, mechanics). Are these women any more or less feminine because of the jobs they choose? What do you think and feel about these changing job roles?
4. Is there an ideal or one particular way for a woman to lead her life?

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HANDOUT 7.3

Name: ____________________

Masculine, Feminine or Both?

There are some character traits that apply to both men and women, while there are other characteristics that many people reserve for only one gender. Read the list below and decide if each word describes a masculine trait, a feminine trait, or a trait that could be seen in both men and women. Check *Masculine, Feminine* or *Both* as you think they apply to the traits.

	Masculine	Feminine	Both
Affectionate	☐	☐	☐
Physically strong	☐	☐	☐
Emotional	☐	☐	☐
Businesslike	☐	☐	☐
Understanding	☐	☐	☐
Ambitious	☐	☐	☐
Gentle	☐	☐	☐
Moody	☐	☐	☐
Athletic	☐	☐	☐
Cries in sad situations	☐	☐	☐
Takes control of situations	☐	☐	☐
Good decision-maker	☐	☐	☐
Independent	☐	☐	☐
Competitive	☐	☐	☐
Jealous	☐	☐	☐
Caring	☐	☐	☐
Flirts	☐	☐	☐
Sympathetic	☐	☐	☐
Manipulative	☐	☐	☐
Intuitive	☐	☐	☐

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Name: ____________________

As Times Change

Our ideas about what it means to be a man or a woman have changed much over time. As concepts about masculinity and femininity change, so do our ideas about appropriate behaviors and roles for the two genders. The impact of our changing times on relationships is often overlooked.

Please discuss each of the following issues thoroughly with your parent or guardian. Take time to talk through differences of opinion and to ask questions about each other's ideas.

What impact do changing gender roles have on the following relationships?

- Self-esteem (a person's own sense of self-worth and confidence)

____

____

____

- Same-sex friendships

____

____

____

- Parent/child relationships

____

____

____

- Male/female relationships (dating and/or marriage)

____

____

410

____

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Name: ____________________

Lyrics to "He's No Hero"

Put your hand into the fire,
Feel the rush of pure desire,
Say you're willing to pay the price,
In the real world, baby, the real world.

He's a king, he's in demand,
And he loves to deal from the upper hand.
One by one the beauties fall,
It's give and take, but he don't give at all.
He's no hero.

Boys will talk the victories,
Learn to lie, learn to please.
When the girl, she comes around,
She ain't looking for the pain she found.
Sometimes passion turns to poison.

Put your hand into the fire,
Feel the rush of pure desire.
Look like diamonds in her eyes,
Don't you know it's the only prize.
In the real world, in the real world.

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Name: ____________________

Male Reproductive Anatomy and Physiology Terminology

External Sex Organs

- Penis
  - Glans
  - Shaft
- Scrotum

Internal Sex Organs

- Testes
- Epididymis
- Vas deferens
- Urethra
- Prostate gland
- Seminal vesicles
- Cowper's glands

Other Terms

- Testosterone
- Semen
- Erection
- Ejaculation

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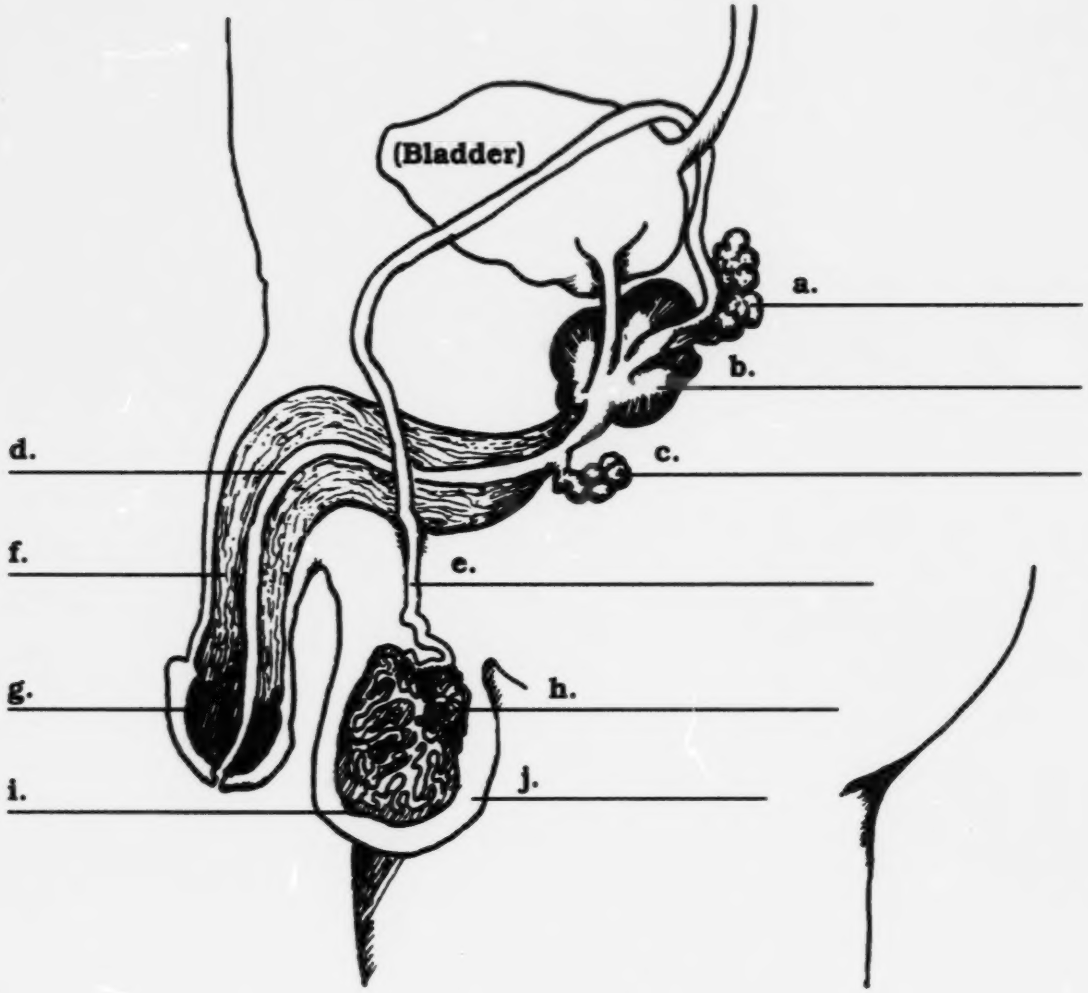
HANDOUT 8.3

Name: ____________________

Male Reproductive System

Fill in the blank next to each letter with the name of this part of the male reproductive system.


(Bladder)
a. ______________________
b. ______________________
d. ______________________
c. ______________________
f. ______________________
e. ______________________
g. ______________________
h. ______________________
i. ______________________
j. ______________________

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Male Reproductive System (continued)

Identify the organ that corresponds to each of the following functions by writing the appropriate letter in the blank.

____ 1. Glands that produce the fluid (semen) to carry the sperm out of the male's body.

____ 2. A gland at the base of the bladder that produces most of the seminal fluid in the male.

____ 3. Glands which produce a clear, sticky fluid when the male is sexually excited.

____ 4. Organ which allows the male to pass urine and semen from his body; organ which enters the female's body during sexual intercourse.

____ 5. Passageway through which urine and semen leave the penis.

____ 6. Glands that produce sperm and the male sex hormone (testosterone).

____ 7. Pouch of skin that holds the testes and controls temperature for sperm production.

____ 8. Passageway for the sperm.

____ 9. Coiled tube system in which sperm mature.

____ 10. The head or end of the penis; filled with highly sensitive nerve endings.

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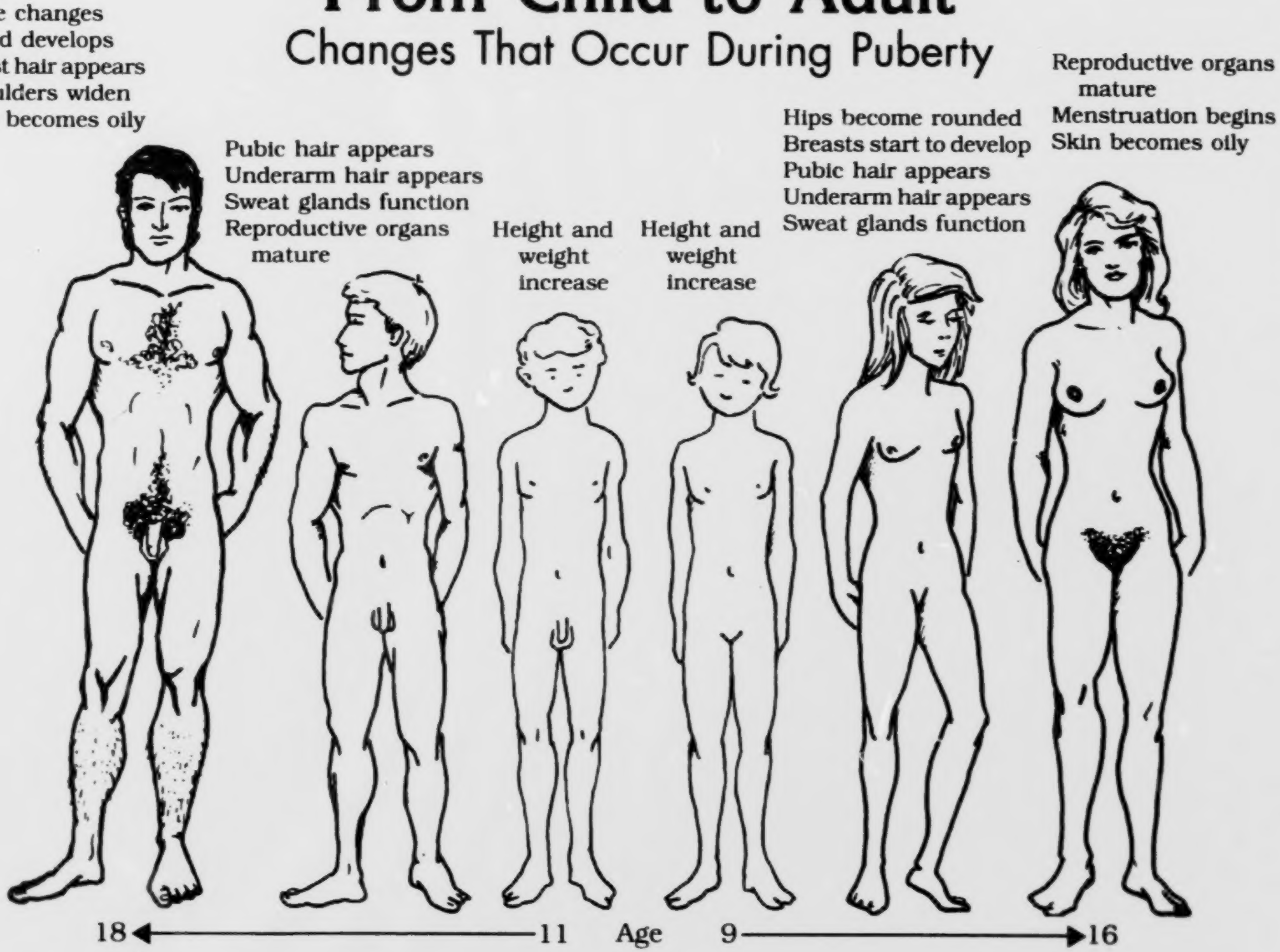
From Child to Adult

Changes That Occur During Puberty



Name: ____________

◆ Sex Can Wait: An Abstinence-Based Sexuality Curriculum for High School ◆

HANDOUT 9.1

Name: ____________________

Female Reproductive Anatomy and Physiology Terminology

External Sex Organs

Mons pubis

Clitoris

Urethral opening

Labia majora

Labia minora

Vaginal opening

Internal Sex Organs

Vagina

Cervix

Uterus

Fallopian tubes

Ovaries

Other Terms

Menstruation

Estrogen

Progesterone

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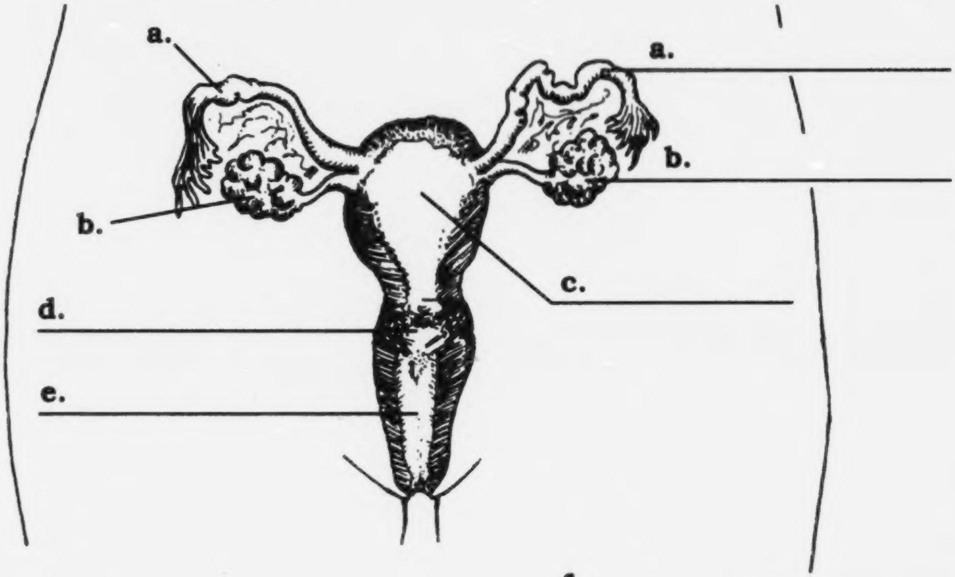
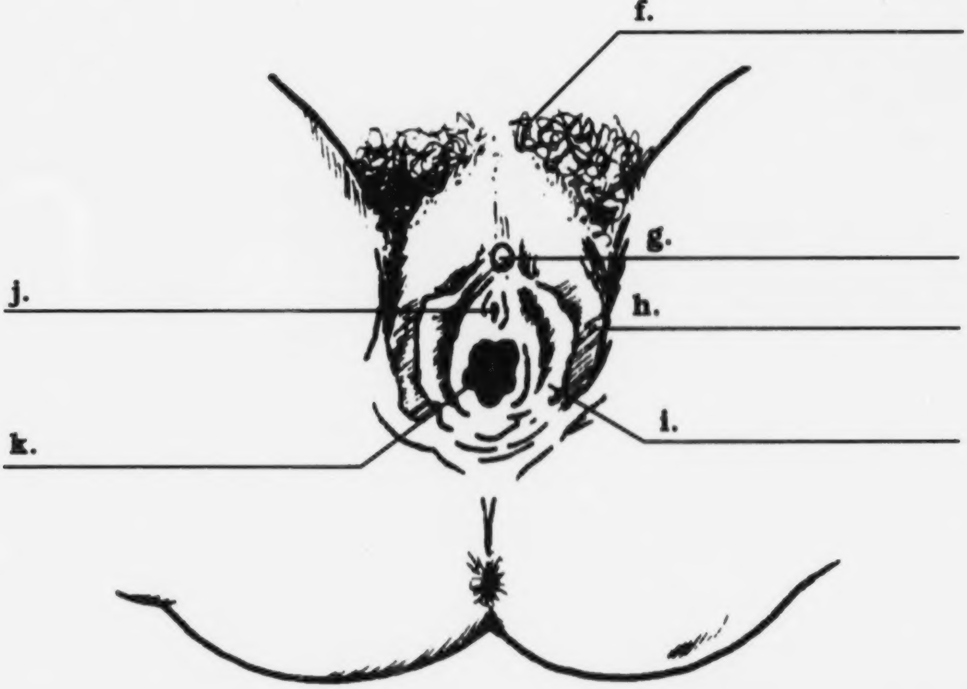
HANDOUT 9.3

Name: ____________________

Female Reproductive System

Fill in the blank next to each letter with the name of this part of the female reproductive system.





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Female Reproductive System (continued)

Identify the organ that corresponds to each of the following functions by writing the appropriate letter in the blank.

____ 1. Protective folds of tissue surrounding the more sensitive sex organs.

____ 2. Glands which produce the female's eggs and sex hormones (estrogen and progesterone).

____ 3. Passageway for the egg; place where conception occurs.

____ 4. Place where the baby develops.

____ 5. Neck of the uterus.

____ 6. Opening to the vagina.

____ 7. Opening through which urine leaves the body.

____ 8. Very sensitive organ; center of sexual excitement.

____ 9. Passage through which blood leaves the body at menstruation; the birth canal; receives the penis during sexual intercourse.

____ 10. Mound of soft, fatty tissue over the pubic bone; covered with hair after puberty.

____ 11. Sensitive folds of tissue that surround the clitoris and vaginal opening.

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HANDOUT 11.1

Name: ____________________

HIV/AIDS Facts

What Is It?

Acquired Immune Deficiency Syndrome (AIDS) is a breakdown and failure of the body's immune system. It is caused by a virus called HIV. HIV stands for human immunodeficiency virus. HIV is spread through exposure to infected body fluids such as blood or semen. This can happen in two ways:

- having vaginal or anal intercourse or oral sex with an infected partner
- sharing needles to inject drugs, tattoo, or pierce body parts

In the early 1980s, some people were infected with HIV when they received blood transfusions. Today, however, blood donations are screened for HIV, and the risk of infection through blood transfusion is extremely low.

HIV is present in the body fluids, primarily in the blood and semen, of an infected person. It is possible for someone to have the virus without yet having any symptoms.

Once in the bloodstream, HIV attacks and kills a special kind of white blood cell called a helper T-cell. T-cells are essential to the effective functioning of the body's immune system, which protects the body from disease. Once the T-cells are damaged and depleted, the body cannot protect itself from many dangerous infections and diseases.

Symptoms

The signs of HIV infection vary. In some, the first noticeable signs are fatigue, fever, cough, headache, weight loss (unexplained and persistent), swollen lymph glands (especially those in the armpits, back of the neck and back of the mouth), a peeling skin rash, diarrhea,

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HIV/AIDS Facts (continued)

and a series of minor illnesses and infections. For others, the first sign may be one of the common and life-threatening diseases associated with AIDS—most often *Pneumocystis carinii* pneumonia (PCP) and Kaposi's sarcoma, a rare skin cancer that takes a particularly virulent form in people with AIDS.

Treatment

To determine whether a person is infected with HIV, an antibody test is administered. This test checks for antibodies to HIV in the blood. State and local health departments, AIDS organizations, or private doctors can give the test; it is generally offered free and given anonymously. Counseling is frequently provided as well.

There is presently no cure for HIV/AIDS. Medical researchers are testing a number of experimental drugs. The drug AZT has been released for people with AIDS and has had limited effectiveness in slowing down the disease process in some patients. At this time, no one, once diagnosed as having HIV/AIDS, has recovered from the disease.

Prevention

The only 100 percent sure way to prevent sexual transmission of HIV is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe, but neither partner should *ever* have sex with other people or use injection drugs. Do not inject drugs or share needles. Sharing needles can result in the transmission of blood from an infected person to another.

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Name: ____________________

Gonorrhea Facts

What Is It?

Gonorrhea is a bacterial infection caused by the gonococcus bacterium. Gonorrhea is almost always passed on by means of vaginal or anal intercourse or oral sex with an infected partner. Since these bacteria like warm, moist places, they will usually survive in the cervix, penis, anus, mouth, throat and occasionally the eyes.

Symptoms

Most females and many males have no symptoms. When symptoms do occur, they are evident usually two to ten days (up to thirty days) after exposure. Males can experience painful urination or defecation, and a thick, yellowish discharge from penis or anus. Some females may experience low abdominal pain and discomfort, especially after a menstrual period; perhaps a greenish, whitish or yellowish vaginal discharge, accompanied by a strong odor; a sore throat; rectal pain and itching; and mucus in the bowel movement. Pharyngeal (throat) infections are usually without symptoms.

Special Risks

An undetected, untreated case of gonorrhea in a female can spread from the cervix into the pelvis and infect the fallopian tubes. Resulting abscesses and scar tissue in the tubes can cause blockage and sterility. For both males and females, untreated gonorrhea may spread throughout the body, affecting joints with crippling gonorrhea arthritis and even gonorrhea heart disease. Babies can become infected during childbirth.

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Gonorrhea Facts (continued)

Treatment

An easy test can be done to determine if a person has gonorrhea. The test is administered by a clinic or private doctor. If gonorrhea is found, tetracycline, penicillin or ampicillin is used to cure it. The two major choices for treatment of gonorrhea are antibiotic pills or a penicillin injection; oral ampicillin or oramoxacillin may be given in a large, one-dose treatment. Penicillin by injection still tends to be the most effective treatment for gonorrhea infections.

Prevention

The only 100 percent sure way to prevent the transmission of gonorrhea is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

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Name: ____________________

Chlamydia Facts

What Is It?

Chlamydia trachomatis is a one-celled bacteria-like parasite. Pronounced *cla-mid-ee-a*, it is acquired through close sexual contact—vaginal or anal intercourse, and perhaps oral sex—with an infected partner. Chlamydia is the number-one sexually transmitted disease in the United States. It is found most often in sexually active adolescents between the age 15 and 19. Chlamydia attacks the mucous membranes such as those in the lining of the vagina or in the eyes.

Symptoms

Symptoms show up from one to twenty-one days after infection. About 80 percent of females and 10 percent of males have no symptoms. But an infected female may have discharge from the vagina, bleeding from the vagina between periods, burning or pain when urinating, and abdominal pain, sometimes with fever and nausea. Males are more likely to have symptoms; these may include a watery, white drip from the penis, most often evident in the morning, and mild irritation or burning during urination.

Special Risks

Chlamydia is dangerous because most people don't know they have it, and the infection can spread if left untreated. It can cause painful and permanent damage to the sex organs, leaving both males and females sterile, or unable to have children. In females, chlamydia can infect the cervix, uterus, fallopian tubes, ovaries and urethra. In males, chlamydia can infect the urethra, vas deferens and testicles. Chlamydia has also been linked to conjunctivitis (an eye inflammation) and pneumonia in newborn babies whose mothers have the infection.

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Chlamydia Facts (continued)

Treatment

Chlamydia can be cured. Treatment can be obtained at the STD clinic of a county health department or from a private doctor. Antibiotics such as tetracycline or erythromycin are usually prescribed in pill form for both males and females. A vaccine to prevent the spread of chlamydia is presently under development.

Prevention

The only 100 percent sure way to prevent the transmission of chlamydia is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

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Name: ____________________

Facts About Genital Warts

What Are They?

Genital warts are caused by a variation of the human papilloma virus (HPV). They may appear around the vagina, around the rectum, on the penis or on the scrotum. They may also occur internally in a woman's cervix or vagina, or in the urethra in the male. Males and females can also have genital warts in the throat or anus. After chlamydia and gonorrhea, this is the third most common sexually transmitted disease. Genital warts are three times more common than genital herpes. These warts are extremely contagious, so it's easy to give or get the warts after vaginal or anal intercourse or oral sex with an infected partner.

Symptoms

The warts can take from six weeks to eight months to appear after exposure but usually appear within one to three months. Some genital warts are flat; some are round bumps that look like tiny cauliflowers. They are usually painless, but can itch or burn if they grow larger or spread. If untreated, the warts can multiply rapidly.

Special Risks

The virus that causes these warts has been linked to cervical cancer in women; any female with external warts should also have a careful internal examination. In both sexes, there is a risk of cancer—of the vulva, penis, anus or throat—if warts are left untreated. Untreated genital warts can spread enough to block vaginal, rectal or throat openings. Babies born to mothers with genital warts may have the warts in their throats.

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Facts About Genital Warts (continued)

Treatment

Warts can be removed by a physician in private practice or at a clinic. The doctor may apply a topical medication called pedophyllin to the warts, and give several follow-up treatments as necessary until the warts are gone. Or the doctor might burn off the warts with an electric needle. This is possibly uncomfortable, but it is a highly effective one-time treatment. Another treatment is the use of liquid nitrogen to freeze and then remove the warts. This involves minimal discomfort and is also quick and convenient. Stubborn and/or severe cases of genital warts may be treated by laser or with the anti-cancer drug Interferon. Because warts are caused by a virus, they can come back. The virus remains in the body even after the warts themselves are removed.

Prevention

The only 100 percent sure way to prevent the transmission of genital warts or the HPV virus which causes them is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

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Name: ____________________

Syphilis Facts

What Is It?

Syphilis is a bacterial infection caused by a tiny corkscrew-shaped microorganism, *Treponema pallidum.* It is usually spread by vaginal or anal intercourse or oral sex with an infected partner, but it can also be transmitted from an infected sex organ to an open cut in the skin of another person.

Symptoms

There are four stages of infection, with different symptoms and consequences. Symptoms appear slowly within ten to ninety days (usually three weeks).

Primary Stage

The first sign of syphilis is usually a painless chancre (a round, hard sore, pimple or blister) where germs entered the body—on the genitals, anus, lips, breast, etc. These chancres disappear in one to six weeks.

Secondary Stage

Some months later, second-stage symptoms may include a rash of brownish-red pimples on the soles of the feet or palms of the hands (this rash can spread all over the body), swollen joints, fatigue, hair loss and flu-like symptoms. At this stage, syphilis can spread by any physical contact, such as kissing. The symptoms disappear by themselves, but the disease is still very active. Symptoms may recur for up to two years.

Latent Stage

This stage lasts from one to twenty *years*. At this point there are usually no visible symptoms, but the microorganisms have entered internal vital organs such as the heart and brain.

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Syphilis Facts (continued)

Late Stage

This is the stage where the permanent damage to the body becomes apparent. The disease may lead to brain damage, insanity, heart disease, paralysis, kidney damage, deafness, blindness and possibly death.

Special Risks

Untreated syphilis does not go away. Syphilis can be transmitted from a mother to a baby in her womb, causing damage to the skin, bones, eyes, teeth and liver of the fetus and newborn. A higher than usual rate of stillborn infants is reported for females who are pregnant while in the primary or secondary stage of syphilis.

Treatment

Syphilis is usually cured with penicillin injections or with other antibiotics after detection by a blood test called VDRL. This can be obtained at an STD clinic of a county health department or from a private doctor. If detected and treated in the early stages, syphilis is curable, with no permanent effects. However, while the effects of latent-stage, late-stage and newborn syphilis can be arrested, they are irreversible.

Prevention

The only 100 percent sure way to prevent the transmission of syphilis is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

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Name: ____________________

Herpes Facts

What Is It?

Herpes simplex II is a highly infectious disease caused by a virus. It is related to the virus that causes the common cold sore or fever blister, herpes simplex I. Herpes simplex II affects the genitals. It is transmitted by direct contact with the sore, and by vaginal or anal intercourse or oral sex with an infected partner. Sores become contagious about twenty-four hours before they erupt (called "prodome" symptoms) and remain contagious until they are healed and have completely disappeared. Active virus can be present on the skin from the first warning signals.

Symptoms

The first appearance of symptoms usually occurs from two to thirty days after exposure (sexual contact with an infected person). Symptoms in males include small blisters on the penis, minor rash and itching in the genital area, and swollen lymph glands in the groin. Symptoms in females include mild vaginal discharge and blisters occurring on the cervix, vaginal walls, and sometimes the vulva and buttocks; infection in females may go unnoticed. In both sexes, flu-like symptoms, including fever, aching muscles and joints, and a general sick feeling, may occur. While symptoms usually diminish within two to three weeks, the herpes virus lies dormant in the body and can recur.

Special Risks

Genital herpes can cause herpes encephalitis, a virulent, often fatal brain infection in infants born vaginally to mothers who have active genital herpes. There is a link between genital herpes and cervical cancer. Also, there is threat of secondary and recurring infection. Recurrences seem most likely when the body's resistance is lowered

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Herpes Facts (continued)

due to emotional or physical stress, poor diet, fatigue, etc. In some people, herpes recurs on a cyclical basis, such as during the menstrual period.

Treatment

There is no cure for herpes simplex II at this time. STD clinics at county health departments and private doctors can provide a variety of drugs to treat the symptoms. The anti-viral medication Acyclovir, given in pill form, can help alleviate symptoms and shorten or prevent recurrences. Another anti-viral drug is called Immuvir, a nonprescription ointment that can relive painful symptoms of herpes. During an outbreak of herpes, aspirin can relieve pain and fever. Learning to control stress, following a healthy diet, and getting enough rest and relaxation can make a person feel better in general.

Prevention

To prevent the transmission of the virus, a person should practice abstinence—not having sexual intercourse—and avoid having direct, physical contact with herpes sores. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

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Name: ____________________

Vaginitis Facts

What Is It?

There are three different kinds of vaginitis. Each occurs for a different reason, produces different symptoms, and must be treated in a different way.

Trichomoniasis is a sexually transmitted disease caused by a tiny, one-celled parasite called *Trichomonas*. Because males often experience no symptoms of this disease, they can carry and pass the disease without knowing it.

Bacterial vaginitis is caused by the bacterium *Hemophilus*. There are other names for bacterial vaginitis such as *nonspecific vaginitis* and *hemophilus vaginitis*, which is now called Gardnerella vaginalis vaginitis. This can be transmitted sexually but can also occur without sexual contact.

Yeast infection. Other names for a yeast infection are *monilia vaginitis* or *candidiasis*. Yeast infections are usually not transmitted sexually. Taking certain antibiotic medications, developing low-grade infections in other areas of the body, and even dietary deficiencies can cause changes in the amount of yeast present in the body and trigger yeast infections.

Symptoms

Trichomoniasis. Females may notice a foamy, yellowish or light green discharge with a fishy odor. There may be intense itching or a burning feeling in the vagina, and pain during urination. These symptoms can be expected to appear from one to four weeks after the first exposure. Possibly there will be no symptoms at all, as is usually the case for males.

Bacterial vaginitis. In females there may be a heavier than usual discharge, grayish-white, brown or yellowish. The discharge may look thin or frothy and smell fishy, similar to trichomoniasis but not as intense. There may be some itching, burning or pain. It is possible to have a bacterial infection with no obvious symptoms. In males there are no symptoms.

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Vaginitis Facts (continued)

Yeast infection. In females there may be a thick, cheesy discharge and intense itching of the genitals; also, skin irritation is possible. Males do not have yeast infections.

Special Risks

In males, trichomoniasis may result in infections of the prostate, bladder and/or testicles. In females, it can result in an inflammation of the urethra and cervix.

Treatment

Treatment can be provided by an STD clinic at a county health department or by a private doctor. Trichomoniasis and bacterial vaginitis are treated with an oral antibiotic such as penicillin, ampicillin or tetracycline. The drug metronidazole (Flagyl) is highly effective against both bacterial vaginitis and trichomoniasis. Yeast infections are usually treated with vaginal suppositories or creams. Some common new drugs approved by the FDA include Miconazole, Clotrimozole and Nystatin. If these external treatments are not effective, an oral medication can be prescribed.

Prevention

The only 100 percent sure way to prevent the sexual transmission of vaginitis is abstinence—not having sexual intercourse. Since some types of vaginitis can be contracted from a variety of normal activities or situations which are not sexually related, many women will have vaginitis at some time in their lives. Ways to avoid contracting vaginitis other than abstaining from sexual intercourse with an infected partner include:

- keeping the vaginal area clean and dry
- refraining from the use of douches, strong soaps, vaginal deodorants or sprays
- wearing cotton underwear
- not wearing tight-fitting clothing
- wiping from front to back after a bowel movement

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HANDOUT 11.8

Name: ____________________

NGU Facts

What Is It?

NGU is an inflammation of the urethra in males. It is a sexually transmissible disease. Nongonococcal urethritis (NGU) refers to any infection of the urethra caused by a germ other than the one that causes gonorrhea. Up to 50 percent of NGU cases are caused by a bacterium called *Chlamydia trachomatis;* others are caused by other organisms. NGU only affects males, but the organisms that cause NGU in males can be transmitted during vaginal intercourse, anal intercourse or oral sex and can cause a condition in females called *mucopurulent cervicitis.* NGU agents can also infect the uterus, liver, urethra, fallopian tubes or ovaries. This is called PID (pelvic inflammatory disease).

Symptoms

Symptoms are often vague or nonexistent, but it is possible to have this disease and to spread it even with no symptoms present. It takes about one to three weeks after exposure for early symptoms to appear. They usually involve signs similar to gonorrhea, but less severe. Males may have a burning or painful sensation during urination and a clearish-white or mucous discharge. Later symptoms, as the disease progresses to the reproductive organs, include pain in the lower abdomen or groin area. Females with an NGU-related infection may experience mild vaginal irritation, discharge or burning. Urination may be painful. In both males and females, many of the symptoms resemble those of other conditions, making the disease more difficult to diagnose and treat.

Special Risks

Complications in males include epididymitis, a painful and possible sterilizing inflammation of the vas deferens and the ducts that carry sperm from the testicles. NGU can also affect the prostate gland and

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NGU Facts (continued)

the rectum and may lead to a form of arthritis called Reiter's syndrome. In females, infection in some of the sex organs can cause sterility or tubal pregnancy, a dangerous condition. In pregnant females, this disease can lead to miscarriage or dangerous deliveries. Possible birth defects or serious disease can occur in the newborn baby.

Treatment

Most county health departments have special STD clinics. Private doctors also provide treatment. A test is given to determine if NGU germs are present. If results are positive, medication must be taken for seven to twenty-one days. The antibiotic tetracycline is effective against most forms of NGU. Diagnosis can be complicated because NGU symptoms are similar to those of gonorrhea. Penicillin cures gonorrhea but not NGU. Tetracycline cures gonorrhea and will simultaneously kill NGU.

Prevention

The only 100 percent sure way to prevent the transmission of NGU is abstinence—not having sexual intercourse. Having sex only with an uninfected, lifetime partner in a monogamous relationship is also safe.

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Name: ____________________

STD Worksheet

What is the name of the sexually transmitted disease?

____

How do you get it? ____

____

____

How do you know if you have it? What are the symptoms?

____

____

How can you prevent it? ____

____

____

Can it be cured? Where can you get tested and treated? __________

____

____

____

What will happen if you don't get treatment?

____

____

____

____

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HANDOUT 12.1

Name: ____________________

Prevention: The First Step

Personal Health

- Be informed, aware, and knowledgeable about your body.
- Set personal limits and boundaries based on your value system.
- Be selective. Let relationships develop gradually.
- Avoid drug use.
- Do not participate in any activities where body fluids could be exchanged (sexual intercourse, oral sex, blood brother/blood sister activities).
- Do not share needles for any purpose (drug use, tattooing, body piercing).
- Practice good hygiene.
- If you are not feeling well, seek medical help.

Safe Behavior

- Total abstinence—no sex with anyone.
- Hugging, cuddling or rubbing against one another with clothes on, avoiding direct genital contact and exchange of body fluids.
- Kissing.
- Masturbation.
- Not sharing needles to inject drugs, tattoo or pierce ears or other body parts.
- Waiting to have sex until you are married or involved in a mutually monogamous relationship with an uninfected partner.

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Name: ____________________

Interview: Parenting Questionnaire

1. Age _____
2. Sex _____
3. Number of children _____
4. Age when first child was born _____
5. Number of years between births _____
6. How did you make the decision to have a child? _____________
   ____
   ____
7. What information or advice did you gather before making the decision?
   ____
   ____
   ____
8. Would you do anything differently if you could? (Would you have children earlier, later, or not at all?)
   ____
   ____
   ____

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Interview: Parenting Questionnaire (continued)

9. How did having the child affect your life, both positively and negatively?

____

____

____

10. What are the joys of being a parent?

____

____

____

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HANDOUT 14.1

Name: ____________________

The Parenthood Investment

Estimate dollar amounts for how much it will cost to raise a baby during the first year.

Mother's Medical Expenses ____________
(Includes obstetrician's fee and a hospital bill for a two-day stay in a semi-private room.)

Baby's Medical Expenses ____________
(Includes newborn care in hospital, six routine office visits, one emergency visit and inoculations.)

Mother's Maternity Clothes ____________

Diapers ____________

Baby's Clothing ____________

Baby's Food (Bottle-fed infants) ____________

Nursery Furniture ____________

Baby-Care Needs ____________

Childcare ____________
(Includes daycare 5 days a week, 8 hours a day.)

Baby Sitters ____________

Baby Pictures ____________

Total ____________

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Name: ____________________

That's What I Said

Develop I-messages in response to each of the situations described. It may be helpful to follow the following format: "I feel _______ when you _______ because _______. I want (or Please) _______."

1. Your best friend revealed a mutual secret.

2. Your dad yelled at you in front of your friends.

3. Your date insists on staying out later than your curfew.

4. Your date wants to take you to a dark, secluded area to park, and you don't want to go.

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That's What I Said (continued)

5. Your friends want you to have a party at your house while your parents are away for the weekend. You don't want to have it.

____

____

____

6. Your sister borrows your new CD player without asking.

____

____

____

7. Your date for the big dance wants to break the date and go skiing.

____

____

____

8. Your date is pushing to "go all the way," and you don't want to.

____

____

____

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Name: ____________________

Response Options Continuum

Nonassertive (Passive Behavior)

- You lack appreciation of yourself.
- You express your own values, feelings, needs and opinions indirectly or not at all, hoping others will guess.
- Your nonverbal behavior is nervous or inappropriate.
- You place responsibility for making decisions on the other person.
- You always listen and rarely talk.
- You always give in when there's a disagreement.

Assertive

- You have an appreciation of yourself and others.
- You express your values, feelings, needs, opinions without infringing on others' rights. You use I-messages to explain what you feel and why.
- Your nonverbal behavior enhances the verbal message.
- You assume responsibility for your own thoughts, feelings and behavior.
- You both talk and listen using active listening skills.
- You compromise when possible, without abandoning your own values.

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Response Options Continuum (continued)

Aggressive

- You show an appreciation of yourself only.
- You express your values, feelings, needs, opinions in threatening, demanding or hostile ways. You use "you" messages to blame others.
- Your nonverbal behavior includes sharp, threatening or hostile gestures and physical assaults.
- You assume little responsibility for the consequences of your own behavior.
- You always talk and rarely listen.
- You always want your own way.

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Name: ____________________

Response Options Situations

Think through and briefly describe a nonassertive, an assertive and an aggressive response to each of the situations. Space for notes is provided after each mode of communication.

Situation 1

Your mother wants you to go with your family on a weekend trip to visit your grandparents. You hoped to attend a friend's party on Saturday night. What do you say to your mother?

a. nonassertive ____

____

b. assertive ____

____

c. aggressive ____

____

Situation 2

You confide some very personal information to a close friend and later find out that your friend has passed the information on to several other people. What do you say to your friend?

a. nonassertive ____

____

b. assertive ____

____

c. aggressive ____

____

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Response Options Situations (continued)

Situation 3

A person you have dated on and off for several months has invited you to a party. When the agreed-upon "date time" passes, you wait an hour and then decide to go to the party by yourself. On arriving, you find your date already there with someone else. What do you say to your date?

a. nonassertive ____________________

____

b. assertive ____________________

____

c. aggressive ____________________

____

Situation 4

Your date is interested in having sex. You aren't interested, and you feel that you have made your limits clear. He or she teases and touches you and continually pushes your established limits. What do you say to him or her?

a. nonassertive ____________________

____

b. assertive ____________________

____

c. aggressive ____________________

____

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Name: ____________________

Basics of Effective Communication (Talking and Listening)

Do

- Know your values, wants and needs.
- Express yourself honestly, without defensiveness.
- Be responsible for your own thoughts and feelings.
- Set realistic and clearly defined limits.
- Be open to compromise if it is appropriate.
- Genuinely listen to the sender.
- Clarify what the sender has said.

Don't

- Stereotype or label.
- Assume.
- Over-generalize.
- Freeze attitudes.
- Arbitrarily interpret abstract or general terms.
- Buy facts wholesale.
- Think in black and white (good guys versus bad guys).
- Provoke defensiveness.

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HANDOUT 17.1

Name: ____________________

Relationships

Read each of the following statements. Circle the statement that best expresses your ideas and feelings. After you complete the handout, compare your answers. Discuss the similarities as well as the differences. Listen to each other's opinions and share your own.

Strongly Agree=1
Agree=2
Undecided=3
Disagree=4
Strongly Disagree=5

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Our relationships with people in no way affect our attitudes, beliefs or behaviors.	1	2	3	4	5
2. Relationships we have with our parents or guardians affect the way we relate to the rest of the world.	1	2	3	4	5
3. Young people should be taught that they have responsibilities within the family.	1	2	3	4	5
4. Young people growing up in a one-parent family always suffer.	1	2	3	4	5
5. Finding time to make relationships work is one of the hardest things to do.	1	2	3	4	5
6. Self-respect and self-understanding are essential in a healthy, quality relationship.	1	2	3	4	5
7. Young people find it hard to create an identity for themselves.	1	2	3	4	5
8. Young people find it hard to share their true feelings.	1	2	3	4	5
9. Parents/guardians need to let their teen children make their own decisions.	1	2	3	4	5

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Relationships (continued)

10. Young people can reasonably expect their parents/guardians to finance their wants and needs. 1 2 3 4 5
11. Parents/guardians should allow their teen children to associate with whomever they choose. 1 2 3 4 5
12. Friendships are best when two people share the same values, ideas, lifestyles and behaviors. 1 2 3 4 5
13. It sometimes is necessary to be a "different person" in order to fit in with different people or groups. 1 2 3 4 5
14. Friendships are strongest and most important when two people are of the same age and gender. 1 2 3 4 5
15. Friends should support each other no matter what the other one does. 1 2 3 4 5
16. Friends never pressure each other. 1 2 3 4 5
17. Friendship is a commitment. 1 2 3 4 5
18. We all look for the same things in a relationship. 1 2 3 4 5
19. It is easy to feel comfortable with members of the other sex. 1 2 3 4 5
20. It is almost impossible for a male and a female to have a really close relationship and still keep it platonic. 1 2 3 4 5
21. People often confuse sexual attraction with love. 1 2 3 4 5
22. People don't start having relationships until their teen years. 1 2 3 4 5
23. Communication in a relationship means letting the other person know how you feel. 1 2 3 4 5
24. Love means two people giving up their own identities. 1 2 3 4 5
25. Two people can love each other and still not be able to live together. 1 2 3 4 5

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Name: ____________________

Avoiding Sexual Exploitation in Dating Relationships

- **Know your sexual limits.** Believe in your right to set those limits. If you are not sure, stop.
- **Communicate.** Talking is the basis of any good relationship. Tell your girlfriend or boyfriend what you want. Find out what she or he thinks and feels.
- **Be assertive.** Passivity may be interpreted as permission. Be direct and firm with someone who is pressuring you sexually. Say no when you mean no. Move away. Leave if possible or necessary.
- **Be aware of the messages you may be sending.** People may assume that "sexy" clothing and/or flirtation indicate you want to have sex.
- **Accept a "No" at face value.** "No" always means no, no matter how quietly or shyly it is said. Don't continue after a "stop," or "please don't," or a "no."
- **Place the greatest importance on verbal messages.** Don't assume that because a person dresses in a sexy manner and/or flirts that he or she wants to have sex.
- **Previous permission does not apply to the present.** A yes yesterday can still be a no today. A person has the right to change his or her mind.
- **Trust your intuition.** When you first get the feeling that things aren't OK, say something or do something to try to get out of the situation.
- **Avoid alcohol and drugs.** Clear thinking and effective communication are difficult when "under the influence." Responsibility for actions remains.

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Name: ____________________

Goals: Taking Charge of Life

Discuss each of the following questions thoroughly and then write a brief response to each.

1. What is a goal? ____

____

2. Why are some people able to set goals and then make them reality, while others talk about what they want but never seem to be able to achieve their goals? List as many distinguishing factors as you can.

____

____

____

3. What are some examples of short-term goals that high school students might have?

____

____

4. What are some examples of long-term goals that high school students might have?

____

____

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Goals: Taking Charge of Life (continued)

5. Why are short-term goals generally easier to achieve?

____

____

____

6. How can long-term goals be made more manageable or achievable?

____

____

____

7. Can a person who is fun-loving and spontaneous work well with goals? How?

____

____

8. How do goals help people enjoy and make the most of life?

____

____

____

9. When might goals negatively affect a person's life?

____

____

10. Should an individual achieve all the goals he or she sets? Why or why not?

____

____

____

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Name: ________________

Steps for Setting a Goal

1. Clearly state your goal.
    a. Reduce ambiguity.
    b. Ensure that you have a starting point to measure your goal achievement.
    c. State your goal in definite terms.
    d. Identify only one goal at a time within your goal statement.

    Poor: "I want to be rich and famous."

    Better: "I want to be a practicing lawyer by age twenty-eight."

2. Determine that your goal is reasonable for you.
    a. Ensure that the goal fits your personal values.
    b. Determine that the goal is achievable, given your interests and abilities.
    c. Believe that you can achieve the goal.

    Poor: "I will be valedictorian of my graduating class" (for an average student).

    Better: "I will maintain passing grades in all of my classes during each grading period this year" (for an average student).

3. Base your goal upon individual effort.
    a. If your goal requires cooperation, obtain the other person's permission and establish the goal as a joint goal.
    b. If your goal involves encouraging effort or action on the part of someone else, state it as an invitation or request.

    Poor: "I will be class president."

    Better: "I will run for class president during class elections this year."

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Steps for Setting a Goal (continued)

4. State your goal in measurable terms.
   a. Determine what it is you wish to gain (e.g., a car, a relationship, a job).
   b. Establish a timetable (by when?) for goal achievement.

   Poor: "I will get information on colleges I'm interested in."

   Better: "By Saturday of this week I will send four letters requesting information on colleges I'm interested in."

5. Assess how much you want this goal.
   a. Determine that the goal is something you really want to do.
   b. Ensure that the goal enhances life for yourself and/or others (or, at the very least, is not destructive).

   Poor: "I will take twenty dollars from Mom's purse by noon Friday."

   Better: "I will earn twenty dollars by noon Friday."

6. Write down your goal.

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Name: ___________________

High School Graduate vs. Dropout

A. A high school diploma is an important first step to getting ahead in life. Education is important in our society.

B. High school is a waste of four good years. Once you have the basics for everyday living, the rest is useless.

A. High school is important and necessary if a person wants more than welfare or a minimum wage.

B. High school either keeps people learning the basics over and over or, if you're advanced, taking courses in English literature, geometry, chemistry and calculus. How many people really use any of that?

A. High school offers the chance to learn things that prepare you for specific jobs that interest you. Many good careers require a high school education at the very least.

B. You're only young once. Doesn't it make more sense to get out there and experience life while you can enjoy it most? Later, if you want or need more education, you'll know enough to get the kind of education you want and need, and take it seriously. Lots of adults go back to school.

A. What can you do to experience life during the teen years? Lock yourself into a job serving hamburgers? Get married and have kids? You'd be too busy working and taking care of your family, not to mention too broke, to go back to school. Some people do go back to school, but returning to school is harder than staying in school. Other students would be far ahead of you, and you'd be scrambling to catch up!

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High School Graduate vs. Dropout (continued)

B. If trying to catch up with others is what you're afraid of, just get your GED and get a better job. It makes no sense to spin your wheels for four years. Adults are too afraid to admit that teens are real human beings who can make it on their own if adults will just let them grow up.

A. An academic education is important. Getting a GED is important if you don't have a high school diploma, but it's like accepting second best. What about the things you will miss if you drop out of school—the friendships, the social skills, the opportunities to be involved in a variety of activities, the chance to figure out who you are as a person before you have to make it on your own. If you drop out of school just because you don't want the hassle of taking tests or dealing with teachers, you're probably going to end up in trouble. Your whole life could be ruined.

B. How can people figure out who they are when they never get to do what they want? Students aren't allowed to think for themselves. School isn't a "stay-out-of-trouble" place. At some schools, drugs and violence make it almost impossible to learn anyway. You're not safe from these things just because you're in school. If a person wants trouble, there's plenty of it in school.

A. School still offers the best choice to get ahead. School is not always easy, but if you want good things for yourself—now and in the future—you should stay in school and make it a positive experience.

B. I say grow up and get on with life. High school is for people who are afraid to grow up. You learn more about life by being out in it and enjoying it while you're young. Drop out now and be the person you want to be and do what you want to do.

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Name: ____________________

Teen Parenthood vs. Delayed Parenthood

A. Teens are going to have sex, but few teens want to hassle with getting and using birth control. Besides, there are benefits to having your children while you're still young.

B. Not all teens are sexually active. And those who do engage in sexual intercourse need to be aware of the risks they're facing. Teens need to know that there's plenty of time for sex and babies later and that they'd do themselves a favor by waiting. People who are having sex and not protecting themselves against pregnancy and disease are ignoring the risks and the consequences.

A. There are benefits to teen parenthood. If you become a parent while you're still young, your children will be raised and gone, and you'll have a lot of good years left while you're still young enough to enjoy them. Besides, if you're still young, you can relate to your kids better, more on their level.

B. Some teens do choose to parent—some because they think they want to, others because an unplanned pregnancy occurred and they're trying to do the responsible thing. Teens need a chance to figure out where they're going in life. They need a chance to finish their education. Babies need two mature parents who want and are ready to raise a child. Teens are still being raised by their parents and may not be ready to raise a child of their own.

A. There are teens who are raising kids and doing a good job of it. Some people just like kids. Teen parents' main problem is convincing other people that they have a right to raise kids if they want to. Lots of teens are ready and mature. Besides, who knows if or when they might get another chance? Look how many adults can't have babies when they want them.

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Teen Parenthood vs. Delayed Parenthood (continued)

B. Some teens do a good job of parenting, but as rewarding as parenting can be, it's hard work and it's expensive. If a teen is doing a good job, it often means the teen's parents are helping out a lot. How fair is it to have the grandparents parenting all over again when it wasn't even their decision to help raise a child? Some teens are mature for their age, but are they ready to raise kids? When teens have babies, society pays, the teens' parents pay, the teen mother and father pay—but most of all the baby pays. It's not fair.

A. If two people have sex and a pregnancy occurs, they have the right and the responsibility to raise the child. Lots of teens do it on their own.

B. Very few teens can really make it on their own. Juggling a low-paying job, school (if they don't drop out), and a baby is difficult. Too often the teen mother is left to care for the baby alone. The teen father takes a hike and doesn't come back. Or even if they marry, they end up divorced in no time. If teens do have a baby, giving it up for adoption would provide a mature couple with a much-wanted family, provide the baby with a secure, stable family environment and a mature mother and father, and provide the teenagers with a second chance to finish their education and grow up.

A. I still say there's a lot to be said for raising children while you're still young. Life is best when you have someone to love and someone who loves you back. A baby might be all some teens have to love.

B. To bring children into the world to share your love with them is beautiful, but it takes more than love to make it in this world. Babies aren't all cuddles and smiles; they have needs and can be very demanding. As rewarding as parenthood may be, I think the parent has more to offer and enjoys the experience more if he or she waits. A lot of things that are worth having are worth waiting for.

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HANDOUT 22.3

Name: ____________________

Work After Graduation vs. Post–High School Education

A. Why would somebody want to pay to go to school after just finishing twelve years of it? There are lots of jobs out there that pay just as much or more than those that require a college degree.

B. Sure there are some decent jobs out there for people with high school diplomas but most jobs require further education—specialized training, career schools or college. Post–high school education is the key to better jobs and careers that are more than just a paycheck.

A. While you're spending lots of money and worrying about tests and grades (for four years or eight years or whatever), you could be getting on with your life! When the college student is just getting started, you could have that many years of experience on the job. While the college student is going into debt to pay for college, you could be making money. There's more to life than school and work.

B. Post–high school education doesn't have to involve a lot of time. It might be six months, two years, four years, or more. You can choose the type of education that will get you where you want to go. High school supplies a general education that everyone is required to have; after high school, the education is specialized. You select the education that meets your own needs, interests and abilities. The dollars spent are an investment in the future. Some people may spend more time and money preparing for a career, but they often are able to catch up and surpass the less educated very quickly. Also, they're not just working in any old job they can get; they're working in a career they have chosen and

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Work After Graduation vs. Post–High School Education (continued)

prepared for—one that allows them to develop the kind of life they want for themselves.

A. Not everyone can afford to go on to school. And what if a person doesn't know what he or she wants to do? I know lots of people who start a career school or college and then drop out—they waste time, they're in debt, and they're no further ahead than when they started. People need a break after high school! Talk to some adults; I think most will tell you that they learned most of what they need to know on the job anyway.

B. Anyone who wants an education will find a way. There are many scholarships, and they're not all just for the smart kids. Lots of free money goes unclaimed every year, because no one bothers to go after it! Also, financial aid is available in the form of grants, loans and work-study programs to students who can't afford the cost of college. A person doesn't have to go to the biggest, most expensive schools to get ahead. Going on with school isn't always easy. A person really has to think about what he or she wants in life and then make a personal commitment to reach that goal. Someone in school just to bide time is wasting both time and money. A person needs to think and plan. Many times, though, if you wait too long after high school you never get back to school. People get caught up in the responsibilities and reality of adult life, and they often end up just spinning their wheels. It can be even tougher to go back to school than it is to go on to school. People do learn a lot on the job; I don't disagree about that, but it's education that gets them the job of their choice.

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Name: ____________________

What Would My Life Be Like?

Read each of the statements carefully. Take a few minutes to think about what your life would be like if you were to make that particular life choice and then complete the statement. Write one sentence or several sentences to describe how that life choice would affect you.

1. If I dropped out of high school ______________________________

____

2. If I graduated from high school ______________________________

____

3. If I graduated from high school, but I didn't pursue post-high school education ______________________________

____

4. If I completed a post-high school education, such as college

____

____

5. If I left home now ______________________________

____

6. If I worked at improving my relationship with my family

____

____

7. If I got married tomorrow ______________________________

____

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What Would My Life Be Like? (continued)

8. If I got married later in life ________________________________

9. If I never got married ________________________________

10. If I became a parent now ________________________________

11. If I had children later in life ________________________________

12. If I never had children ________________________________

13. If I had to work at a job I disliked ________________________________

14. If I could choose my own career ________________________________

15. If I could do anything I wanted in life ________________________________

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HANDOUT 23.1

Name: ______________

The Life-Planning Line

0 ▲ 25 50 75 100

You are here. (Note: Most of your life lies beyond this point.)

Use this worksheet to identify some of your personal short- and long-term goals. As you seek to identify these goals, reflect upon the three basic life-planning questions:

- Who am I?
- What do I want for myself in the future?
- What am I willing to do to get there?

Be sure that your goals are well written by following the goal-setting guidelines.

What would I like to achieve in my life...

1. one week from today? ______________

2. one month from today? ______________

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The Life-Planning Line (continued)

3. one year from today? ______________________________

4. five years from today? ______________________________

5. ten years from today? ______________________________

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HANDOUT 23.2

Name: ____________________

Goals: Getting There

1. What goal would you most like to achieve? ____________________

2. Why is this goal so important to you? (What benefit will it have for you or others?)

3. What barriers could keep you from reaching your goal?

4. How can you overcome these barriers?

5. What resources could you utilize to aid you in overcoming barriers and/or in reaching your goal (e.g., people, books, etc.)?

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Goals: Getting There (continued)

6. What steps will you commit to in order to achieve your goal?

I will ____________________

____

____

I will ____________________

____

____

I will ____________________

____

____

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Name: ____________

# Sex Can Wait

Evaluation Form

Age ________ Gender ________

We would appreciate knowing how you feel about yourself, about others, and about the class now that you have completed this sexuality education program.

How has this sexuality education course

1. influenced your attitudes and values about your sexual self?

____

____

____

2. influenced your acceptance and understanding of yourself and others?

____

____

____

3. influenced the decisions you make about your social life?

____

____

____

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Sex Can Wait (continued)

4. affected your ability to make decisions regarding your physical sexual behavior?

5. affected the knowledge you have about human reproduction and sexuality issues?

6. helped you discuss sexual issues with your parents or guardians?

7. influenced your confidence about communicating your thoughts, feelings and needs about sexuality?

8. enhanced your listening skills?

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Sex Can Wait (continued)

9. influenced the degree of satisfaction you now experience in relationships?

10. affected the quality of your social life?

11. influenced your level of satisfaction with your sex life, whatever that may be (i.e., doing nothing, kissing, cuddling, petting or having sexual intercourse)?

12. assisted you to become more focused on your life goals?

13. affected your commitment to your plans and dreams?

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Sex Can Wait (continued)

About the class:

1. To what extent did the videos add to or detract from your learning?

____

____

____

2. What did you enjoy most about the course, or what contributed most to your learning?

____

____

____

3. Overall, how would you rate the quality of the course?

____

____

____

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Teach adolescents to say...YES!...to abstinence.

Promote abstinence as you help young people build self-esteem and learn effective decision-making and life-planning skills that will enable them to deal successfully with real world pressures.

Sex Can Wait: An Abstinence-Based Sexuality Curriculum for High School provides:

- A positive approach to teaching refusal and negotiation skills in a supportive classroom setting.
- Easy-to-use, up-to-date materials, including teaching goals and objectives, lesson overviews, background information, teacher scripts and detailed procedures, parent materials, and transparency and handout masters.
- Homework assignments that engage and keep family members involved and foster communication.
- Everything you need to teach preteens and teens about sexuality and motivate them to choose and stick to an abstinent lifestyle.

Sex Can Wait does not cover birth control. This avoids sending mixed messages to students and allows them to focus on abstinence as the best and safest choice!

The *Sex Can Wait* program — originally developed, field-tested and evaluated by the University of Arkansas under the title *Living Smart* — has been revised and expanded to include elementary, middle and high school levels. Each level offers a powerful balance of teacher-guided and student-centered materials demonstrated to have a positive impact on adolescents' knowledge, attitudes and behaviors.

Section I: Knowing Myself

Unit 1: Values
- Introduction to Sexuality Education
- Understanding Values

Unit 2: Decision Making
- Making Good Decisions

Unit 3: Self Esteem
- The Importance of Self-Esteem
- Accept the Best
- Positive Self-Talk

Section II: Understanding Sexuality

Unit 4: Gender Roles
- Developing and Understanding Sexual Identity
- He's No Hero

Unit 5: Reproductive Anatomy and Physiology
- Male Reproductive Anatomy and Physiology
- Female Reproductive Anatomy and Physiology

Unit 6: Sexually Transmitted Disease
- STD Facts
- Reducing the Risk

Unit 7: Parental Readiness
- It Only Takes Once
- Costs of Parenting

Section III: Relating to Others

Unit 8: Communication
- Sending Clear Messages
- Assertiveness Skills

Unit 9: Relationships
- Exploring Relationships
- Dating Relationships

Unit 10: Sexual Decision Making
- Sexual Responsibility
- Abstinence Is the Best Option

Section IV: Planning My Future

Unit 11: Goal Setting
- Setting Achievable Goals

Unit 12: Life Planning
- What Would My Life Be Like?
- Getting to the Future

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